

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor John F. Hilt					Registration Number, if PAC		
Street Address 3793 Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43213	M 0 5	D 1 8	Y 1 0	Amount 250.00	
Full Name of Contributor Contributions from Fundraiser See Form 31-E for Details					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City	State O H	Zip Code	M 0 5	D 2 0	Y 1 0	Amount 3,425.00	
Full Name of Contributor Marty Anderson					Registration Number, if PAC		
Street Address 3409 River Seine Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 5	D 2 1	Y 1 0	Amount 100.00	
Full Name of Contributor Re-Elect Judge Frye Committee					Registration Number, if PAC		
Street Address 88 E. Broad Street, Suite 1250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 1	Y 1 0	Amount 100.00	
Full Name of Contributor Kegler, Brown, Hill, and Ritter, PAC					Registration Number, if PAC CP648		
Street Address 65 E. State Treet, Suite 1800		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 4	Y 1 0	Amount 1,000.00	
Full Name of Contributor Jeffrey G. Thompson					Registration Number, if PAC		
Street Address 601 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 2	Y 1 0	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]