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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					***************************************			
Serrott for Judge Committee Full Name of Contributor				Registration Number, if PAC				
Barnhart Law Office, LLC								
Street Address	Employer/Occups	ation/Labor Organization*				Form (Cash, Che	eck. etc.)	
	Employen Gecapa				Check			
595 1/2 S. Third Street	State	Zip Code	M	D	Υ	Amount	MANAGEMENT OF THE PROPERTY OF	
Columbus	l n l H	43215	0 3	1 .	10		200.00	
Full Name of Contributor			sensifica este mente constant	tion Num	donomina managara	C		
Luper Neidenthal & Logan								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1200 Le Veque Tower / 50 W. Broad St	1				Check			
City	State	Zip Code	М	D	Y	Amount	CHARLES CONTROL OF THE PROPERTY OF THE PROPERT	
Columbus	OIH	43215	0 3	1 6	1 0		100.00	
Full Name of Contributor			<u>umplicated management and the contract of the</u>	tion Num	<i>Management</i>	С		
Paul Scott ESQ								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
4451 Ravine Drive	NO.					Check		
City	State	Zip Code	М	D	Y	Amount	ALANA MARIANTANA MARIA	
Westerville	OH	43081	0 3	1 6	1 0		100.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	С		
John P. Johnson Law Office, LLC								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck, etc.)	
501 S. High Street						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	0 H	43215	0 3	1 6	1 0		100.00	
Full Name of Contributor Registration Number, if PAC								
Richard S. Ketcham - Attorney at Law								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
755 S. High Street						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	TO H	43206	0 3	<u>undurenten en e</u>	<u>deposite microscopic</u>		200.00	
Full Name of Contributor	nd X		Registra	ation Num	ber, if PA	C		
Cecil & Geiser, LLP (partnership gener				\$5000000000000000000000000000000000000	Control of the Contro			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
495 South High Street, Suite 400		1/2: /2 1		T 73	7	Check	***************************************	
City	State	Zip Code	M	D	Y	Amount	202.20	
Columbus		43215		1 6			200.00	
Full Name of Contributor				Registration Number, if PAC				
Schottenstein, Zox & Dunn Street Address	Employer/Occupation/Labor Organization*				OH1310 Form (Cash, Check, etc.)			
	Employer/Occupation/Labor Organization*					Check		
250 West St City	State	Zip Code	М	D	ΙΥ	Amount		
Columbus	O H	43215	013	1	1 0	7 HIOUIN	750.00	
Columbus O FI 43215 O 3 1 6 1 0 Name of Contributor Registration Number, if PA						C	/ JU.UU	
Tyack, Blackmore, & Liston Co. LPA (operating Account)								
Street Address	PETATING ACCOUNT) Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
536 South High Street	and a second sec			Check				
City	State	Zip Code	M	D	ΙΥ	Amount	***************************************	
Columbus	0 H	43215	0 3	1		B .	1,250.00	
			1452	LLY	1 - LY		.a. yana	

* 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)]

Page Total \$ 2,900.00