Pone	7
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Serrott for Judge Committee			Dowlet	tion Non-	or if D 4	C			
Full Name of Contributor			Registra	tion Numl	ber, ii PA	· ·			
Jason C. Blum	Franksia /Ossa	ation/Labor Organization*				Form (Cach, Che	ok ate)		
Street Address	Employer/Occup				Form (Cash, Check, etc.)				
52 West Whittier St	Ct. t.	7:- 0-1.	1 37	T n	T/	Check	**************************************		
City Columbus	State O H	Zip Code 43206	M 0 3	D 1 6	Y 1 0	Amount	250.00		
Full Name of Contributor		C							
Full Name of Contributor Registration Number, if PAC Paul O. Scott									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)		
300 W. Spring St Unit 1001	, J 1					Check			
City	State	Zip Code	М	D	Υ	Amount			
Columbus	OIH	43215	0 3	1 6	1 0		250.00		
Full Name of Contributor		and the state of t		tion Num		.C			
Nick Yaeger									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
266 E. Welch Ave						Check			
City	State	Zip Code	М	D	Y	Amount	coccusers converses and invited the free		
Columbus	OH	43027	0 3	1 6	1 0		250.00		
Full Name of Contributor			Registra	ition Num	ber, if PA	.C			
Steven Larson									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)		
209 S. High Street LUBI						Check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	O H	43215	0 3	1 6	1 0		250.00		
Full Name of Contributor			Registra	ition Num	ber, if PA	C			
Woody Fox									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
233 N. Bend Dr			····ingscennessensonion		·	Check	***************************************		
City	State	Zip Code	М	D	Y	Amount	~ ~ ~ ~ ~ ~		
Pataskala		43062	0 3		110		250.00		
	Name of Contributor Registration Number, if PAC								
Christopher R. Shea									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
270 Orchard Lane		[7: 6] 1	7.7	T 75		Check			
City	State	Zip Code	M	D	Y	Amount	250.00		
Columbus Full Name of Contributor		43214		1 6 ation Num			200.00		
			Kegisua	tuon mun	oci, ii ra				
Thomas C. Tootle Street Address	Employer/Occup	ations shor Organization*				Form (Cash, Cho	eck etc.)		
5971 Hildenboro Dr	Employer/Occupation/Labor Organization*					Check	ook, otc.)		
City	State	Zip Code	М	T D	Y	Amount	rmonaureaenimentum ariameter ariameter ariameter ariameter ariameter ariameter ariameter ariameter ariameter a		
Dublin	0 H	43017	0 3	§	lio	Amount	250.00		
Full Name of Contributor		I TUVI/	onema Eustranomanium natura	tion Num	and the same of th	I C	ムンU・UU		
Julie Van De Mark			Semarc		** * * * *				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
481 E. Sycamore St		,				Check			
City	State	Zip Code	М	D	Y	Amount	disperantial called control of the 2000 contro		
Columbus	OH	43206	0 3	1 6	1 0		250.00		
	namental de la compressión de			THE RESIDENCE OF THE PERSON OF	TO SERVICE STREET, STR		ALCOHOLOGO CONTRACTOR		

Page Total \$ 2,000.00

^{*} 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)]