## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			-				
Serrott for Judge Committee			la	.: 37	icn i	^	
Full Name of Contributor			Registra	tion Num	ber, 11 PA	i.C	
Stanly Dritz	T					Ti. 10	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
50 W. Broad St						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	4321.5	0 7		10		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.c	
Rourke & Blumenthal LLP							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
495 S High St						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	0.8	0 4	1 0		<i>7</i> 5.00
Full Name of Contributor	<u>L</u>	- <del></del>		tion Num			
Blue + Blue LLC							
Street Address	Employer/Occur	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck_etc.)
471 E. Broad St	Employer/Occupation/Labor Organization*					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	432515	1	1			200.00
Full Name of Contributor	10	432313	0 8		1 0		200.00
			Kegisua	tion Num	Der, II PA		
Portman Foley and Flint, LLP	Tr. 1 (0						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
471 E Broad St		T			·	Check	
City	State	Zip Code	M	D	Y	Amount	== 00
Columbus	ОН	43215	0 8		1 0	<u> </u>	75.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
John T. Conroy							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3363 Tremont Rd Ste 104C						Check	
City	State	Zip Code	М	D	Y	Amount	
Cotumbus	ОН	43221	0 8	0 4	1 0	1	75.00
Full Name of Contributor				tion Num	ber if PA	.C	
Neil Rosenberg							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
400 S 5th St Suite 301						Check	
City	State	Zip Code	М	D	Y	Amount	J
Columbus	ОН	43215		0 4			100.00
Full Name of Contributor		10210		tion Num			100.00
Harry R. Reinhart			. Cog_				
Street Address	Employer/Occur	ation/I abor Omeniantiant	<u> </u>			Com (Coch Ch	aale ata \
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
400 S 5th St Suite 301	C	Zip Code	[ ) /	1 15	l v	Check	·
Calcarda	State		M	D	Y	Amount	100.00
Columbus	O H	43215	0 8		1 0		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	iC	
Michael T. Gunner						_	
Street Address	· · · · · · · · · · · · · · · · ·				Form (Cash, Che	eck, etc.)	
3535 Fishinger Blvd Ste 220						Check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	ОН	43026	0 8	0 4	1 0	<u> </u>	75.00

Page Total \$	800.00

<sup>\*</sup> 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)]