

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor William S. Lazarow					Registration Number, if PAC		
Street Address 400 S 5th St Suite 301		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 75.00	
Full Name of Contributor Blythe M. Bethel					Registration Number, if PAC		
Street Address Fifth Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 75.00	
Full Name of Contributor Rebecca Gooch, Esq.					Registration Number, if PAC		
Street Address 4878 Berry Leaf Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 7	D 0 6	Y 1 0	Amount 200.00	
Full Name of Contributor Tyack, Blackmore & Liston Co., LPA					Registration Number, if PAC		
Street Address 536 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 50.00	
Full Name of Contributor Cecil & Geiser, LLP					Registration Number, if PAC		
Street Address 495 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 100.00	
Full Name of Contributor Carpenter Lipps & Leland LLP					Registration Number, if PAC		
Street Address 280 N High St, Suite 1300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 75.00	
Full Name of Contributor David Stebbins					Registration Number, if PAC		
Street Address 2054 Stokeswood Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 7	D 1 2	Y 1 0	Amount 75.00	
Full Name of Contributor Wolinetz Law Offices LLC					Registration Number, if PAC		
Street Address 250 Civic Center Dr, Suite 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 2 8	Y 1 0	Amount 2,500.00	

* 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)]

Page Total \$ 3,150.00