

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Paul Scott					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 1 0	D 1 4	Y 1 0	Amount 500.00	
Full Name of Contributor Anthony Auten					Registration Number, if PAC		
Street Address 5761 Travis Pointe Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 4	Y 1 0	Amount 150.00	
Full Name of Contributor Phillip & Gloria Absy					Registration Number, if PAC		
Street Address 3790 S Old 3C HWY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 1 0	D 1 4	Y 1 0	Amount 200.00	
Full Name of Contributor Mark F Roberts					Registration Number, if PAC		
Street Address 10 S Spring St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Springfield	State O H	Zip Code 45502	M 1 0	D 1 4	Y 1 0	Amount 200.00	
Full Name of Contributor James D Gilbert					Registration Number, if PAC		
Street Address 4025 Riverview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 4	Y 1 0	Amount 200.00	
Full Name of Contributor Paypal - Bank Verification Deposit					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 0 9	D 2 9	Y 1 0	Amount 0.30	
Full Name of Contributor Contributions from form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 0 6	D 0 7	Y 1 0	Amount 2,100.00	
Full Name of Contributor Contributions from form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 0 8	D 1 1	Y 1 0	Amount 11,030.00	

* 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 \$ **14,380.30**