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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			V/ANDORDORO (CONTONIO DE CONTONIO DE CONTO	olicialisticatorismissioon	od szemánykésétőkeselektesenőbe		
Serrott for Judge Committee							
Full Name of Contributor			Registra	tion Num	her if PA	C	
Kirk A. McVay			registra				
Street Address	Employer/Occup	ation/Labor Organization*			***************************************	Form (Cash, Check,	etc.)
755 S. High Street	Simpley on occup	a					,,
City	State	Zip Code	М	D	Y	Amount	
Columbus	0   H	43206	0 4	3 0	1.0	1	100.00
Full Name of Contributor		2000		tion Num	CICATO AND CONTROL	Control of the Contro	200:00
Craig Smith					,		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check,	, etc.)
3726 Longfellow Rd	,				Check		
City	State	Zip Code	М	D	Y	Amount	
Tallahassee	FL	32311	0 4	1	110		575.00
Full Name of Contributor				tion Num	damacanione manus	Strikteritärkettimistolisianistikaistiksi on polyetainistosse ositiaita.	
William Lamkin							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
500 South Front Street, Suite 200		~				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43215	0 4	2 3	1 0		100.00
Full Name of Contributor				tion Num	ACCOUNT OF THE PARTY OF THE PAR	CONTROL OF THE PROPERTY OF THE	
Brian Eilsel							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	, etc.)
1286 Northridge Rd	no and an analysis of the second	,				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43224	0 4	2 3	1 0		35.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Douglas for Judge Committee (Thor	nas Bainbridg	ζe)					
Street Address	Employer/Occup				Form (Cash, Check	, etc.)	
580 S. High Street, Suite 100						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 H	43215	0 4		10	<u> </u>	250.00
Full Name of Contributor			Registra	ition Num	ber, if PA	.C	
Contributions from Fundraiser See Form 31-E for Details							
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
	O   H		0   4	2 7	1 0	7,	915.00
Full Name of Contributor			Registra	ition Num	ber, if PA	C	
G. David Andorka					*****************		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
959 Pleasant Ridge Ave						Check	***************************************
City	State	Zip Code	М	D	Y	Amount	
Bexley	0   H	43209	0 4	3 0	1 0		25.00
Full Name of Contributor			Registra	ation Num	ber, if PA	ıC	
Street Address	Employer/Occurs	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash Chaol	etc )	
Succi Addicss	Employer/Occup						
City	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	101		1	, mount	
		<u> I</u>			<u></u>		

\* 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 \$	9,000.00