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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							·	
Serrott for Judge Committee								
Full Name of Contributor				Registra	tion Numl	er, if PA	0	
Mark Serrot				1				
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
789 A Northwest Blvd	Į.						Check	
City	State		Zip Code	M	D	Ϋ́	Amount	
Columbus	101	Η	43212	lots	0 9	1 0	100.00	
Full Name of Contributor					tion Numl			
Coleman For Columbus								
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
550 East Walnut	' '	•	V				Check	
City	State		Zip Code	Тм	D	Y	Amount	
Columbus	i .	Н	43251	0 8	I .	1 0	1,000.00	
Full Name of Contributor			10201		tion Numl			
Vorys Sater Seymour and Pease				Registra	HOII I VIIII	λι, _{[1} 1 Αν	~	
Street Address	Employer/O	001100	tion/Labor Organization*			_	Form (Cash, Check, etc.)	
	Employer	ccupa	HOLD LAGOI OT GRITT ZELDET					
52 E Gay St			Ta: 0.1	1 12	T 5		Check	
1	State	ш	Zip Code	M	D	Y	Amount	
Columbus Full Name of Contributor	_ 0	H	43215		0 9	1 0	950.00	
				Registra	tion Numl	er, it PA	9	
Plumbers & Pipefitters L.U. 189								
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Check, etc.)	
1250 Kinnear Rd			· · · · · · · · · · · · · · · · · · ·		<u> </u>		Check	
City	State		Zip Code	M _.	D	Υ .	Amount	
Columbus		H	43212	0 8	0 9	$1 \mid 0$	250.00	
Full Name of Contributor				Registra	tion Numl	er, if PA		
NC4, LLC								
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Check, etc.)	
P.O.BOX 2696	_{1						Check	
City	State		Zip Code	M	D	Y	Amount	
Westerville	O	H	43086	1018	1 6	1 0	3,000.00	
Full Name of Contributor				Registra	ion Numl	er, if PAG	C	
Katherine Giacomelli Butcher								
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Check, etc.)	
413 Mulberry Way West							Check	
City	State		Zip Code	М	D	Y	Amount	
Westerville		Н	43082	1018	1 6	110	100.00	
Full Name of Contributor			<u> </u>		ion Numi			
Shawn Dominy								
Street Address	Employer/Oc	cupat	tion/Labor Organization*		•		Form (Cash, Check, etc.)	
3837 Attucks Dr		•					Check	
City	State		Zip Code	ΙM	Ð	Y	Amount	
Powell	1 .	Н	43065		2 5	1 0	75.00	
Full Name of Contributor	_ 1 0 1		10000		ion Numb			
Samuel B. Weiner				i tog		, , , , , , , ,	,	
Street Address	Employer/O	ccunat	tion/Labor Organization*				Form (Cash, Check, etc.)	
743 S. Front St.	Linkoyen	. ougan	The Second College (National)				, , ,	
743 3. F10Ht St	State		Zip Code	М	D	Y	Check Amount	
-	1	н						
Columbus		1.1	43206	1018	2 5	1 0	250.00	

Page Total \$ 5,725.00

^{*} 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)]