

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee									
Full Name of Contributor Mark Serrott						Registration Number, if PAC			
Street Address 789 A Northwest Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43212	M 0	D 8	Y 0	Amount 100.00		
Full Name of Contributor Coleman For Columbus						Registration Number, if PAC			
Street Address 550 East Walnut			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43251	M 0	D 8	Y 0	Amount 1,000.00		
Full Name of Contributor Vorvys Sater Seymour and Pease						Registration Number, if PAC			
Street Address 52 E Gay St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 8	Y 0	Amount 950.00		
Full Name of Contributor Plumbers & Pipefitters L.U. 189						Registration Number, if PAC			
Street Address 1250 Kinnear Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43212	M 0	D 8	Y 0	Amount 250.00		
Full Name of Contributor NC4, LLC						Registration Number, if PAC			
Street Address P.O.BOX 2696			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43086	M 0	D 8	Y 1	Amount 3,000.00		
Full Name of Contributor Katherine Giacomelli Butcher						Registration Number, if PAC			
Street Address 413 Mulberry Wav West			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43082	M 0	D 8	Y 1	Amount 100.00		
Full Name of Contributor Shawn Dominv						Registration Number, if PAC			
Street Address 3837 Attucks Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell	State O	H H	Zip Code 43065	M 0	D 8	Y 2	Amount 75.00		
Full Name of Contributor Samuel B. Weiner						Registration Number, if PAC			
Street Address 743 S. Front St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43206	M 0	D 8	Y 2	Amount 250.00		

* 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 \$ 5,725.00