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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Serrott for Judge Committee			Registration Number, if PAC				
Full Name of Contributor			, and a second		,		
Angela Albert Brown Attorney at Law	Employer/Occurs	tion/Labor Organization*				Form (Cash, Che	ck. etc.)
Street Address	Employer/Occupa	montrator Organization				Check	,
536 S. High Street	<b>_</b>	I.T Cada	1 1/ 1	D	Y	Amount	
City	State	Zip Code	M		. 8	VIHORHI	250.00
Columbus	OH	43215	0 3	16	1 0	~	250.00
Full Name of Contributor Registration Number, if PAC							
Frederick D. Benton Jr				Onto the property (Co.)			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)
786 S. Front Street Suite 204		·				Check	
City	State	Zip Code	М	D	Y	Amount	a=0 00
Columbus	OH	43206		1 6			250.00
Full Name of Contributor			Registrat	ion Numl	per, if PA	С	
Scott & Nemann Co., LPA							
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Che	eck, etc.)
35 E. Livingston Avenue	Barriero de la companya del companya de la companya del companya de la companya d					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	0 3	1 6	1 0		250.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	C	
Stephen A. Moyer Attorney At Law							
Street Address	Employer/Occupa	ation/Labor Organization*	S			Form (Cash, Ch	eck, etc.)
9 Kossuth Street	Benchanous					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	lo H	43206	0 3	1 6	1 0		250.00
Full Name of Contributor	<u> </u>				ber, if PA	C	
Cooper & Elliott, LLC					-		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2175 Riverside Drive	J					Check	
City	State	Zip Code	М	D	Y	Amount	
	O H	43221	0 3	1	1	,	500.00
Columbus		1 S. J. Lee See S.	emandiscommunicationscomm	lanen er en		C	J00.00
Full Name of Contributor Registration Number, if PAC							
Robert Gray Palmer	Employer/Occur	ation/I abor Organization*				Form (Cash, Ch	eck etc.)
Street Address	Employer/Occupation/Labor Organization*				Check		
185 Rustic Place	- C	Tin Code	TM	D	Y	Amount	
City	State O H	Zip Code				Ø.	250.00
Columbus		43214			1 0		4JU.UU
Full Name of Contributor			Kegistra	uon Num	ber, if PA	·C	
Scott W. Schiff	was to the same of			encentration properties		F (C. J. C.	1
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
115 W. Main Street		O ME THE THE THE THE THE THE THE THE THE TH		<del></del>	·	Check	
City	State	Zip Code	М	D	Y	Amount	A 20 A A A
Columbus	$O \mid H$	43215	0 3		1 0		250.00
Full Name of Contributor Registration Number, if PAC							
Zeiger, Tigges, & Little LLP							
Street Address				Form (Cash, Ch	eck, etc.)		
41 South High Street, Suite 3500	000				ATTALIAN	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215			10		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 S	2,500.00