

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott For Judge							
Full Name of Contributor Schottenstein, Zox, and Dunn					Registration Number, if PAC		
Street Address 250 West Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 1 0	Amount 500.00	
Full Name of Contributor Jeannine Hummer					Registration Number, if PAC		
Street Address 1795 Edgemont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 2 9	Y 1 0	Amount 100.00	
Full Name of Contributor Iean Colner					Registration Number, if PAC		
Street Address 5383 Stonebridge Crossing		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 9	Y 1 0	Amount 100.00	
Full Name of Contributor Bailey Cavalieri LLC					Registration Number, if PAC		
Street Address 10 W. Broad Street, Suite 2100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 1 0	Amount 275.00	
Full Name of Contributor John M. Alton Co. LPA					Registration Number, if PAC		
Street Address 88 W. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 1 0	Amount 150.00	
Full Name of Contributor Keith L. Okom					Registration Number, if PAC		
Street Address 7022 Monarchos Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1 0	D 2 9	Y 1 0	Amount 100.00	
Full Name of Contributor Goldman and Rosenthal					Registration Number, if PAC		
Street Address 5350 E. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 1 0	D 2 9	Y 1 0	Amount 50.00	
Full Name of Contributor Abraham Law Offices					Registration Number, if PAC		
Street Address 24 North High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 1 0	Amount 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 \$ 1,775.00