F	age <u>4</u>	 _

Statement of Contributions Received

Prescribed by Secretary of State 3/05

							·- <u>-</u>		
Name of Committee in Full									
Serrott For Judge									
Full Name of Contributor					Registration Number, if PAC				
Democratic Lawyers Club - Shawn D									
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
111 W. Rich Street							_Check		
City	Sta		Zip Code	М	D	Y	Amount		
Columbus		Н	43215	1 1	0 2	1 0		1,000.00	
Full Name of Contributor				Registra	tion Num	her, if PA	C		
<u>Mark Hummer</u>		_					_		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1795 Edgemont Rd							Check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus		Н	43215	1 1	0 2	$1 \mid 0$	L	100.00	
Full Name of Contributor				Registra	ation Num	ber, if PAG	C	_	
Jeff Grossman LLC				1					
Street Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				eck, etc.)	
32 W. Hoster	32 W. Hoster						Check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	101	Н	43215	1111	015	10		500.00	
Full Name of Contributor	<u> </u>	-	<u> </u>	Registra		ber, if PA	C		
Mike Moses									
Street Address	Employe	г/Оссира	tion/Labor Organization*		-		Form (Cash, Ch	eck, etc.)	
330 S. High Street							Check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	101	Н	43215	1111	015	1110		100.00	
Full Name of Contributor			10210			ber, if PAG	2	100.00	
Jim Connor						·			
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
145 E. Rich Street #200	' '	•	_				Check		
City 200	Sta	ate	Zip Code	М	(d)	Y	Amount		
Columbus	-101	Н	43215	111	0 5	1 . 1		100.00	
Full Name of Contributor		_	102.0			ber, if PA		100.00	
Edwin L. Malek						,			
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				eck. etc.)	
1227 S. High Street							Check		
City	Sta	ite	Zip Code	М	D	Y	Amount		
Columbus	01	Н	43206	111		1 0		125.00	
Full Name of Contributor			15200			ber, if PAC		120.00	
Bricker and Eckler LLP				OH 821					
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
100 S. Third Street	2000						Check		
City	Sta	ite	Zip Code	M	D	Υ	Amount		
Columbus		Н	43215	111		1 0	1	250.00	
Full Name of Contributor			13210					230.00	
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*						Horm (Cash Ch	eck_etc.)	
	Employer Cocupation/Lation Organization*						Form (Cash, Check, etc.)		
City	Sta	ate.	Zip Code	М	D	Y	Amount		
				"	1 ~		LIIOMIN		
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Page Total \$ 2,175.00

^{*} 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)]