Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. Comitania Dill							
Name of Committee in Full							
Serrott for Judge Committee			Ragiotes	tion Numb	er if DA	C.	
Full Name of Contributor			iveRizita	aon maric	~, ii I /3'	~	
Gerald Noel	Ir i o	of a Transfer of Cart	L			Form (Cash, Che	ack etc.)
Street Address	Employer/Occup	ation/Labor Organization*					.un, 010.)
857 S. High Street				T 75 T		Cash	usunakousou suuransa on saasta siineesii siiniiniiniiniiniinii
City	State	Zip Code	M	D	Y	Amount	100.00
Columbus	lo H	43206	0 3	เรื่องของเหตุล่องของเหตุ	1 0		100.00
Full Name of Contributor			Registra	tion Numb	per, if PA	C	
Otto Beatty							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
233 S. High St, Suite 300						Cash	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	0 3	1 6	1 0		100.00
Full Name of Contributor			Registra	Registration Number, if PAC			
Tim Huey							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3240 Henderson Rd						Cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43220	013	1 6	1 0		200.00
Full Name of Contributor				tion Numl		С	
G. A. Anderson							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
P.O. Box 353		-		Check			
City	State	Zip Code	М	D	Y	Amount	
Westerville	OIH	43086	013	1 6	1 0		250.00
Full Name of Contributor		1 20000		tion Numl		.C	
			9 -	H109	,		
Vorys Sater Seymour and Pease LLP Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
	Employer/Occup	acompaoor organization				Check	
52 E. Gay St P.O. Box 1008	State	Zip Code	М	D	Y	Amount	
City	1 - 1 - 1	43215	0 3	1	ŧ	R .	1,500.00
Columbus	ОП	1 40410			i de la companie de		1,700,00
Full Name of Contributor Registration Number, if PAC							
Luftman, Heck & Associates, LLP	I Davidson /O	antian Kahan One animatian t				Eorn (Cash Ch	pack atc.)
Street Address	Employer/Occur	nation/Labor Organization*			Form (Cash, Check, etc.)		
580 East Rich Street		[7]	1 3.4	1 7	T v/	Check	
City	State	Zip Code	M	D	Y	Amount	250.00
Columbus		43215		1 6			250.00
Full Name of Contributor			Registr	ation Num	ber, if PA	<i>(</i> (
Gregory N. Finnerty Law Office	20220000gccccocharbonocharbonoch					7	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	ieck, etc.)
21 E. Broad St, Suite 500					ugamentonic correction	Check	
City	State	Zip Code	M.	D	Y	Amount	
Columbus	OH	43215	0 3				100.00
Full Name of Contributor			Registr	ation Num	ber, if PA	\C	
David H. Thomas - Attorney At Law					00000000000000000000000000000000000000		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
511 S. High Street						Check	
City	State	Zip Code	М	D	Y	Amount	***************************************
Columbus	OH	43215	0 3	1 6	10		575.00
	and the second				and statement of the second		

* 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	\$	3,075.00				
Ü	someone over-		***************************************			