

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott For Judge												
Full Name of Contributor Douglas W. Warnock						Registration Number, if PAC						
Street Address 515 Pollock Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Delaware		State O H		Zip Code 43015		M 1 0		D 2 6		Y 1 0		Amount 100.00
Full Name of Contributor John Master						Registration Number, if PAC						
Street Address 3817 Nicova Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Lewis Center		State O H		Zip Code 43035		M 1 0		D 2 6		Y 1 0		Amount 50.00
Full Name of Contributor The McCandlish Group						Registration Number, if PAC						
Street Address 5260 Godown Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43235		M 1 0		D 2 6		Y 1 0		Amount 200.00
Full Name of Contributor R. Douglas Wrightsel						Registration Number, if PAC						
Street Address 1851 Jewett Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Powell		State O H		Zip Code 43065		M 1 0		D 2 8		Y 1 0		Amount 100.00
Full Name of Contributor Keith M. Karr						Registration Number, if PAC						
Street Address 2 Miranova Place, Suite 410			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 8		Y 1 0		Amount 200.00
Full Name of Contributor Edwin L. Malek						Registration Number, if PAC						
Street Address 1227 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 1 0		D 2 8		Y 1 0		Amount 250.00
Full Name of Contributor PorterWright						Registration Number, if PAC						
Street Address 41 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 8		Y 1 0		Amount 500.00
Full Name of Contributor Solove and McCormick						Registration Number, if PAC						
Street Address 79 Thurman Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 1 0		D 2 8		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 \$ 1,900.00