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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Serrott for Judge Committee								
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Janet A. Grubb								
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, C	heck, etc.)	
Ianet A. Grubb						Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH	43123-9148	0 4	018	110		50.00	
Full Name of Contributor				tion Num		C		
Ira B. Sully								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
844 South Front Street	A CONTRACTOR OF THE CONTRACTOR					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43206	0 4	0 8	110		50.00	
Full Name of Contributor				ation Num	description of the same	C		
Samuel H. Shamansky Co LPA								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
511 South High Street	reactions and a second	-				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus		43215	0 4	0 8	10		1,500.00	
Full Name of Contributor				ation Num		.C		
Teamsters Local Union No. 413								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
555 E. Rich Street				Check				
City	State	Zip Code	М	D	Y	Amount	***************************************	
Columbus	OIH	43215	0 4	0 5	1 0		500.00	
Full Name of Contributor			รวางเราก็เลยเหมอกหมายและกากเทย	ation Num	A CONTRACTOR OF THE PARTY OF TH	.C		
John T. Conroy								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)		
3363 Tremont Rd Ste 104C		· ·				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43221-2210	0 4	0 8	1 0		50.00	
Full Name of Contributor		St. Sept. Amount documents of the Sept.	NAMES OF THE PROPERTY OF THE P	ation Num	alemane es colonia en escenti	.C	00.00	
Togothalor Controllor								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
					1			
Full Name of Contributor			Registra	ation Num	ber, if PA	.C		
Street Address	Employer/Occup	ation/Labor Organization*	&			Form (Cash, C	heck, etc.)	
	Eliconomic Control of							
City	State	Zip Code	М	D	Y	Amount	\$-101-04-00-04-4-4-14-14-04-04-04-04-04-04-04-04-04-04-04-04-04	
	Theresides			0000000				
Full Name of Contributor			Registra	ation Num	ber, if PA	ıC		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			heck, etc.)				
NACONAL PROPERTY AND A PROPERTY AND								
City	State	Zip Code	М	D	Y	Amount		
- -								
		1			danna dan dan dan dan dan dan dan dan da	A		

\* 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)]

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Page Total	Ş	2,150.00