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Statement of Contributions Received

Prescribed by Secretary of State 3/05

SV CC							
Name of Committee in Full							
Serrott for Judge Committee			No oci nemo	tion Numb	or if DA		
Full Name of Contributor			Registra	non ixumo	ci, ii i A	~	
Jeffrey L. Smalldon						Form (Cash, Check, etc.)	**************************************
Street Address	Employer/Occupa	ntion/Labor Organization*				` ' '	'
6048 Rocky Rill Rd		-Children - The Control of the Contr				Check	
City	State	Zip Code	M	D		Amount	
Columbus	OH	43235	0 3		$1 \mid 0$	125	ı.UU
Full Name of Contributor			Registra	tion Numb	er, if PA	C	
Anthony O. Mancuso					************		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.))
135 N. Hamilton Rd						Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	0 3	0 5	1 0	100	00.0
Full Name of Contributor				tion Numb	AND DESCRIPTION OF THE PERSON NAMED IN	C	
Portman, Foley & Flint LLP							
Street Address	Employer/Occup	ation/Labor Organization*	<u></u>			Form (Cash, Check, etc.))
471 E. Broad St, Suite 1820		v				Check	
City	State	Zip Code	М	D	Y	Amount	
	OIH	43215	0 3	1 . 1	1 0		0.00
Columbus Full Name of Contributor		TOLLO	unun lannannen in mari	tion Numb	THE RESERVE OF THE PERSON NAMED IN		7.00
2			recense		,01, 11.11		
Sharon Wright	IC. Jane / Ocean	ation II abon Owner in a trans				Form (Cash, Check, etc.))
Street Address	Employer/Occupation/Labor Organization*				,		
701 Middleton Way	<u>Sister</u>		1 17	T 75	X.7	Check	N/WORLDWAY WATER COMMISSION
City	State	Zip Code	М	D	Y	Amount	2.00
Loveland		45140	ON MARKET STREET, STRE	0 5	1 0	5,000	J.UU
Full Name of Contributor			Registra	tion Numl	oer, if PA	C	
Garnet E. Serrott							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.	.)
3650 Perennial Lane	Mother					Check	and the second s
City	State	Zip Code	М	D	Y	Amount	
Powell	OH	43065	0 3	0 5	1 0	5,000).00
Full Name of Contributor			Registra	ition Numl	ber, if PA	C	populari de la constanta de la
Dennis W. McNamara							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.	.)			
3966 Fairlington Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	In H	43220	1013	0 5	110	100	0.00
Full Name of Contributor				tion Num			
Ted Barrows							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.	.)
	Employer Occupation Capor Organization		Check	.,			
4834 Sarasota Drive	State	Zip Code	M	D	Y	Amount	
City	O II	1 "		1			<u> </u>
Hilliard		43206	0 3		1 0		0.00
Full Name of Contributor Registration Number, if PAC							
Steven L. Ball							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.	.)
1010 Old Henderson Rd, Suite 1						Check	AND CONTRACTOR OF THE PARTY OF
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43220	0 3	0 8	1 0	200	0.00

* 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 \$	11,025.00
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