Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Serrott for Judge Committee								
ull Name of Contributor			Registration Number, if PAC					
Paul Scott LLC								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
536 S High St		•			,	Check		
City	State	Zip Code	М	D.	Y	Amount	E00.00	
Columbus	ОН	43215	1 0	1 4	1 0		500.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Anthony Auten						n (n 1 m		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5761 Travis Pointe Ct				T		Check		
Cny	State	Zip Code	M	D	Y	Amount	150.00	
Westerville	O H	43082	1 0		1 0		150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Phillip & Gloria Absy						lu (0.1.0)		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
3790 S Old 3C HWY						Check	-	
City	State	Zip Code	M	D	Y	Amount	200.00	
Galena	ОН	43021	1 0		1 0	<u> </u>	200.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Mark F Roberts						In the last	_,	
Street Address	Employer/Occup				Form (Cash, Ch	reck, etc.)		
10 S Spring St		· · · · · · · · · · · · · · · · · · ·	T			<u>Check</u>		
City	State	Zip Code	M	D	Y	Amount	200.00	
Springfield	ОН	45502	1 0	1 4	1 0	<u> </u>	200.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	.c		
James D Gilbert						n (o l d	1	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
4025 Riverview				1		Check		
City	State	Zip Code	M	D	Y	Amount	200.00	
Columbus	O H	43221	1 0		1 0	4	200.00	
Full Name of Contributor			Registra	stion Nun	iber, if PA	iC .		
	- BANK VERIFICATION DEPOSIT							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
				· · · · · · · · · · · · · · · · · · ·		<u> </u>		
City	State	Zip Code	M	D	Y	Amount	0.20	
					1 0		0.30	
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC.		
						Ta' .a . a		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
					1			
City	State	Zip Code	М	D	Y	Amount		
		<u> </u>		<u> </u>	<u> </u>	<u> </u>		
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC .		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
		1		T :	1 :::			
City	State	Zip Code	М	D	Y	Amount		
			1	1	l	L		

* 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(BX4)]

D T-1-1 C	1.250.20
Page Total \$	1,250.30