

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Carol Wright Attorney					Registration Number, if PAC		
Street Address 86 Pearl Alley		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 300.00	
Full Name of Contributor David Pariser					Registration Number, if PAC		
Street Address 2557 Bexlev Park Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexlev	State O H	Zip Code 43209	M 0	D 9	Y 2	Amount 200.00	
Full Name of Contributor Judith Kitrick					Registration Number, if PAC		
Street Address 60 E Spring St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 150.00	
Full Name of Contributor Robert Levering					Registration Number, if PAC		
Street Address 3333 Parkslev Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Bipinchandra M Desai Ttee					Registration Number, if PAC		
Street Address 10244 Windsor Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Stacie Baker					Registration Number, if PAC		
Street Address 23 W 9th Ave Apt 4		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor Jennifer Prindle					Registration Number, if PAC		
Street Address 29 E Lincoln St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 0	Amount 200.00	
Full Name of Contributor Ohio & Vicinity Regional Council					Registration Number, if PAC		
Street Address 1394 Courtright Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 1	D 0	Y 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 \$ 1,520.00