

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Info to be provided upon receipt of copy of check from bank						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	2	0	8	50.00
Full Name of Contributor Mark Serrott						Registration Number, if PAC	
Street Address 789 (A) Northwest Blvd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grandview	State O H	Zip Code 43212	M 0	D 2	Y 0	Amount 100.00	
Full Name of Contributor Babbitt & Weis, LLP						Registration Number, if PAC	
Street Address 503 S. Front Street, Suite 200		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Gerald T. Sunbury						Registration Number, if PAC	
Street Address 495 S. High Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 4	Amount 250.00	
Full Name of Contributor Paul Scott Co., LPA						Registration Number, if PAC	
Street Address 536 South High Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 6	Amount 575.00	
Full Name of Contributor Christopher J. Minnillo						Registration Number, if PAC	
Street Address 1500 West Third Avenue, Suite 210		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43212	M 0	D 3	Y 0	Amount 250.00	
Full Name of Contributor Jeffrey Allen Berndt						Registration Number, if PAC	
Street Address 575 South High Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code	M 0	D 3	Y 0	Amount 200.00	
Full Name of Contributor Stanley C. Bender						Registration Number, if PAC	
Street Address 707 Sixth Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Portsmouth	State O H	Zip Code 45662	M 0	D 3	Y 0	Amount 100.00	

* 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 \$ 1,625.00