Page	7
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		1654668888888884							
Serrott for Judge Committee Full Name of Contributor					Registration Number, if PAC				
Info to be provided upon receipt of copy of check from bank						* * *			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)	
American de la company de la c									
City	State	;	Zip Code	M	D	Y	Amount		
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Grandview		H	43212	0 2	udnomina ainmonoma	110		100.00	
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Babbitt & Weis, LLP	Employer/Occupation/Labor Organization*						Form (Cast Ci	to ato	
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503 S. Front Street, Suite 200	State	militari y mirani y militari k	Zip Code	ΙM	D	ΙΥ	<u>Check</u> Amount	***************************************	
Columbus	State	e H	2.ip Code 43215	012	į	1 0	19	100.00	
Columbus Full Name of Contributor		A. A. Manhadalahan	1 783413		tion Numl			luu.uu	
Gerald T. Sunbury				- commune		-y ene d d 31			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)	
495 S. High Street	7						Check	•	
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Paul Scott Co., LPA			***************************************		Stonggeneralmini	Statement	TO DESCRIPTION OF THE PROPERTY	in the second se	
Street Address	Employer/0	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)	
536 South High Street		Managaran		winasayawwaxawaa	eganocionistis	egantosaposaposamos esta el	Check	hadanikanadibekkianaanadananiihdik*-	
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Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	ж, etc.)	
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Jeffrey Allen Berndt				Face Report	284111	, sa. I / h	- 1980		
Street Address	Employer/0	Decuns	ation/Labor Organization*	E			Form (Cash, Chec	k, etc.)	
575 South High Street							Check	. ,	
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Full Name of Contributor Registration Number, if PA							Mariana de la composición del composición de la composición de la composición de la composición del composición de la c	name in initial in the second	
Stanley C. Bender									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
707 Sixth Street						Check			
City	State		Zip Code	M	D	Y	Amount		
Portsmouth		1-1	45662	013	0 3	1110		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