

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Yavitch & Palmer Co. LPA					Registration Number, if PAC		
Street Address 511 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 0 8	Y 1 0	Amount 250.00	
Full Name of Contributor Thomas E. Friedman					Registration Number, if PAC		
Street Address 502 South Third Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 1	Y 1 0	Amount 200.00	
Full Name of Contributor Scott Elliott Smith LPA					Registration Number, if PAC		
Street Address 6235 Enterprise Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 3	D 1 1	Y 1 0	Amount 250.00	
Full Name of Contributor Richard D. Topper					Registration Number, if PAC		
Street Address 5132 Olentangy River Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 3	D 1 2	Y 1 0	Amount 150.00	
Full Name of Contributor Collins & Slagle Co., LPA					Registration Number, if PAC		
Street Address 21 E. State Street Suite 930		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 2	Y 1 0	Amount 250.00	
Full Name of Contributor William A. Clark					Registration Number, if PAC		
Street Address 600 S. High Street Suite 202		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 2	Y 1 0	Amount 100.00	
Full Name of Contributor Barry H. Wolinetz					Registration Number, if PAC		
Street Address 2785 Powell Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 3	D 1 2	Y 1 0	Amount 250.00	
Full Name of Contributor Robert A. Koblentz					Registration Number, if PAC		
Street Address 2205 Fairfax Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 1 2	Y 1 0	Amount 250.00	

* 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)]