	7)
Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Serrott for Judge Committee							
Full Name of Contributor			Registrat	ion Numl	oer, if PA	С	
Yavitch & Palmer Co. LPA							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
511 South High Street						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	0 3	0 8	1 0		250.00
Full Name of Contributor			ananani kaananan maammadalah	Constitution and the constitution of the const	ber, if PA	C	
Thomas E. Friedman							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
502 South Third Street				Check			
City	State	Zip Code	М	D	Υ	Amount	
Columbus	OLH	43215	0 3	11	110		200.00
Full Name of Contributor		10 has 20		Enterprise Contraction of the Co	ber, if PA	C	
Scott Elliott Smith LPA					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck. etc.)
	Employen ceeap	aron Engor Organization				Check	
6235 Enterprise Court	State	Zip Code	М	D	Y	Amount	
City	OH	43016	0 3	111	110		250.00
Dublin Full Name of Contributor		70010			ber, if PA	C	
			registra	non i can	DC1, 11 x 1 1		
Richard D. Topper Street Address	(Employer/Occurs	ation/Labor Organization*				Form (Cash, Ch	eck etc.)
	Employer/Occupation/Labor Organization*			Check	oon, c.c.,		
5132 Olentangy River Rd	State	Zip Code	М	D	Y	Amount	
City				į.	1	Z KIIOUII	150.00
Columbus		43235	0 3		ber, if PA	C	130.00
Full Name of Contributor			Registra	tion rum	ibei, ii i A		
Collins & Slagle Co.,LPA	1 10	I A Tomas Communication of the Atlanta				Earn (Cash Ch	ack eta)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
21 E. State Street Suite 930		1. C. 1		T 5	1 1	Check	***************************************
City	State	Zip Code	M	D	Y	Amount	250.00
Columbus		43215	suumminen senaania sieteeta	1 2	NAMES OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.		250.00
Full Name of Contributor Registration Number, if PAC							
William A. Clark					egopus and a second	E (0 1 0)	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
600 S. High Street Suite 202				7	T-,,	Check	**************************************
City	State	Zip Code	М	D	Y	Amount	400.00
Columbus		43215		a de la companya della companya dell	10	A	100.00
Full Name of Contributor			Registra	ttion Num	iber, if PA	AC .	
Barry H. Wolinetz							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Ch	eck, etc.)		
2785 Powell Ave		and the second s	······	ugunanan maran		Check	
City	State	Zip Code	М	D	Y	Amount	, m, m /2 /2 /2
Bexley		43209	0 3		1 0		250.00
Full Name of Contributor			Registra	ition Nurr	iber, if PA	\C	
Robert A. Koblentz							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2205 Fairfax Rd			***************************************	programa labora de destructura de mente	wayou waxaa	Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	0 3	1 2	10		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)]

Page Total \$	1,700.00
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