

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Porterwright						Registration Number, if PAC	
Street Address 41 S High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 0 7	Y 1 0	Amount 1,000.00	
Full Name of Contributor Lane Alton & Horst LLC						Registration Number, if PAC	
Street Address Two Miranova Pl Suite 500			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 0 7	Y 1 0	Amount 750.00	
Full Name of Contributor Gallagher Gams Pryor Tallan & Littrell LLP						Registration Number, if PAC	
Street Address 471 E Broad St 19th Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 0 7	Y 1 0	Amount 100.00	
Full Name of Contributor Schiff Associates Co., LPA						Registration Number, if PAC	
Street Address 115 W Main St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 3	Y 1 0	Amount 300.00	
Full Name of Contributor Charles C Postlewaite						Registration Number, if PAC	
Street Address 3040 Riverside Dr Suite 122			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43221	M 0 9	D 1 3	Y 1 0	Amount 300.00	
Full Name of Contributor Goldtech LLC						Registration Number, if PAC	
Street Address 4694 Cemetary Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 9	D 1 3	Y 1 0	Amount 250.00	
Full Name of Contributor Robert Levering						Registration Number, if PAC	
Street Address 3333 Parksley Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0 9	D 1 7	Y 1 0	Amount 50.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 2,750.00