

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	D 9	Y 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	D 9	Y 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	D 9	Y 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	D 9	Y 1	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	D 9	Y 1	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	D 9	Y 1	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	D 9	Y 1	Amount 50.00	
Full Name of Contributor Loan See Form 31-C					Registration Number, if PAC		
Street Address 739 (A) Northwest Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 2	Amount 1,000.00	

* 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 \$ **3,750.00**