

FILED

Ohio Campaign Finance Report

10 JUN 11 PM 3:20

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Serrott for Judge Committee							Registration Number, if PAC		
Full Name of Candidate Mark. A Serrott									
Street Address 789 (A) Northwest Blvd					Office Sought Common Pleas Judge		District		
City Columbus						State O H	Zip Code 43212		
Type of Report (place X to the left of report type)		Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y	
						0	5	0	4 1 0

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	15,525.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	15,525.00
5. Total monetary expenditures (From Form No. 31-B)	\$	3,430.00
6. Balance on hand (line 4 minus line 5)	\$	12,095.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	668.37
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Carly Albert _____ Carly Albert _____ 06/09/2010 _____
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution
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Expenditure
pages 1

Other
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Total
pages 18

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Kirk A. McVay					Registration Number, if PAC		
Street Address 755 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus	State O H	Zip Code 43206	M 0 4	D 3 0	Y 1 0	Amount 100.00	
Full Name of Contributor Craig Smith					Registration Number, if PAC		
Street Address 3726 Longfellow Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Tallahassee	State F L	Zip Code 32311	M 0 4	D 2 3	Y 1 0	Amount 575.00	
Full Name of Contributor William Lamkin					Registration Number, if PAC		
Street Address 500 South Front Street, Suite 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 3	Y 1 0	Amount 100.00	
Full Name of Contributor Brian Eisel					Registration Number, if PAC		
Street Address 1286 Northridge Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43224	M 0 4	D 2 3	Y 1 0	Amount 35.00	
Full Name of Contributor Douglas for Judge Committee (Thomas Bainbridge)					Registration Number, if PAC		
Street Address 580 S. High Street, Suite 100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 3	Y 1 0	Amount 250.00	
Full Name of Contributor Contributions from Fundraiser See Form 31-E for Details					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State O H	Zip Code	M 0 4	D 2 7	Y 1 0	Amount 7,915.00	
Full Name of Contributor G. David Andorka					Registration Number, if PAC		
Street Address 959 Pleasant Ridge Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State O H	Zip Code 43209	M 0 4	D 3 0	Y 1 0	Amount 25.00	
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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Dennis Pusateri					Registration Number, if PAC		
Street Address 755 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43206	M 0 5	D 0 6	Y 1 0	Amount 100.00	
Full Name of Contributor Dennis W. McNamara					Registration Number, if PAC		
Street Address 492 City Park Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 0	Y 1 0	Amount 50.00	
Full Name of Contributor Gertner & Gertner					Registration Number, if PAC		
Street Address 3966 Fairlington Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 5	D 1 0	Y 1 0	Amount 100.00	
Full Name of Contributor David A. Belinky					Registration Number, if PAC		
Street Address 175 South Third #505			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 2	Y 1 0	Amount 200.00	
Full Name of Contributor I.B.E.W. - C.O.P.E.					Registration Number, if PAC		
Street Address 900 Seventh Street N.W.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Washington	State D C	Zip Code 20001	M 0 5	D 0 4	Y 1 0	Amount 350.00	
Full Name of Contributor Lee M. Smith					Registration Number, if PAC		
Street Address 929 Harrison Avenue, Suite 300			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 2	Y 1 0	Amount 250.00	
Full Name of Contributor Scott Elliot 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 5	D 1 7	Y 1 0	Amount 250.00	
Full Name of Contributor Christopher J. Minnillo					Registration Number, if PAC		
Street Address 1500 W. Third Ave Suite 210			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43212	M 0 5	D 1 8	Y 1 0	Amount 100.00	

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Statement of Contributions Received

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Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor John F. Hilt					Registration Number, if PAC		
Street Address 3793 Broadway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43213	M 0 5	D 1 8	Y 1 0	Amount 250.00	
Full Name of Contributor Contributions from Fundraiser See Form 31-E for Details					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	O H	43213	0 5	1 8	1 0	250.00	
Full Name of Contributor Contributions from Fundraiser See Form 31-E for Details					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	O H	43213	0 5	2 0	1 0	3,425.00	
Full Name of Contributor Marty Anderson					Registration Number, if PAC		
Street Address 3409 River Seine Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43221	M 0 5	D 2 1	Y 1 0	Amount 100.00	
Full Name of Contributor Re-Elect Judge Frye Committee					Registration Number, if PAC		
Street Address 88 E. Broad Street, Suite 1250			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 1	Y 1 0	Amount 100.00	
Full Name of Contributor Kegler, Brown, Hill, and Ritter, PAC					Registration Number, if PAC CP648		
Street Address 65 E. State Treet, Suite 1800			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 4	Y 1 0	Amount 1,000.00	
Full Name of Contributor Jeffrey G. Thompson					Registration Number, if PAC		
Street Address 601 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 6	D 0 2	Y 1 0	Amount 250.00	
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	
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	

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee						
Full Name of Contributor Laborer's International Union of North America Local 423 PCE				Registration Number, if PAC		
Street Address 620 Alum Creek Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	3,000.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Seipel				Registration Number, if PAC		
Street Address 3553 Mark Twain Ct	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	50.00
City Hilliard	State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael C. Allbritain				Registration Number, if PAC		
Street Address 1866 Northwest Blvd Apt A	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	25.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Shawn Dingus				Registration Number, if PAC		
Street Address 213 Powhatan Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	50.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeffrey D. Mackey				Registration Number, if PAC		
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	50.00
City Columbus	State O H	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Janet Grubb				Registration Number, if PAC		
Street Address 4062 Wrightsville Rd	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	50.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check			
Full Name of Contributor Sauer & Associates				Registration Number, if PAC		
Street Address PO Box 09051	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	4	2	75.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check			

Total contributions this event

Total expenditures this event

Page Total \$ 3,300.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Kristen J. Brown				Registration Number, if PAC			
Street Address 1489 Oakbourne Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Worthington		State O H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Fred L. Berkemer				Registration Number, if PAC			
Street Address 1806 Hickory Hill Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC			
Street Address 535 West First Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Gary Tyack				Registration Number, if PAC			
Street Address 381 Loveman Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor David C. Young				Registration Number, if PAC			
Street Address 496 S. High Street, Suite 400		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor Roger M. Koeck				Registration Number, if PAC			
Street Address 6257 Emberwood Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Bernard M. Floetker				Registration Number, if PAC			
Street Address 1295 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Total contributions this event		Total expenditures this event		Page Total \$ 700.00			

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee						
Full Name of Contributor Abe Bahgat				Registration Number, if PAC		
Street Address 3784 Chevington Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Ross & Midian				Registration Number, if PAC		
Street Address 133 E. Livingston Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph L. Mas				Registration Number, if PAC		
Street Address 330 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Frederick D. Benton Jr				Registration Number, if PAC		
Street Address 786 S. Front Street Suiet 204	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Law Office of Thomas Tootle, Co., LPA				Registration Number, if PAC		
Street Address 85 East Gay Street, Suite 900	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Carpenter Lipps & Leland LLP				Registration Number, if PAC		
Street Address 280 North High Street, 280 Plaza, Suite 1300	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Philip B. Kaufman, Esq				Registration Number, if PAC		
Street Address 341 South 3rd Street, Suite 300	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			

Total contributions this event

Total expenditures this event

Page Total \$	<u>675.00</u>
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Mularkski Bonham Dittmer & Phillips LLC				Registration Number, if PAC			
Street Address 107 W. Johnston Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Neil Rosenberg				Registration Number, if PAC			
Street Address 400 S. 5th Street, Suite 301		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul Scott				Registration Number, if PAC			
Street Address 536 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Carlile, Patchen & Murphy LLP				Registration Number, if PAC			
Street Address 366 East Broad Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor McCord Law Firm				Registration Number, if PAC			
Street Address 844 South Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	300.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Todd W. Barstow				Registration Number, if PAC			
Street Address 4185 E. Main Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	150.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Blaise Baker				Registration Number, if PAC			
Street Address 600 S. High Street, Suite 201		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	200.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Total contributions this event			Total expenditures this event			Page Total \$ <u>1,350.00</u>	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Adam Lee Newmann				Registration Number, if PAC			
Street Address 399 East Welch Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	75.00
City Columbus		State O H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor Dominic Mango				Registration Number, if PAC			
Street Address 5649 Van Wert Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	75.00
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas R. Waldeck				Registration Number, if PAC			
Street Address 1027 Peggys Cove		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	75.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Anastasia L. Sydow				Registration Number, if PAC			
Street Address 601 S. High Street FL 1		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	75.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Teresa A. Daugherty				Registration Number, if PAC			
Street Address 5053 Grassland Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	75.00
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Linda Leah Reibel				Registration Number, if PAC			
Street Address 39 Orchard Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	150.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph R. Landusky II				Registration Number, if PAC			
Street Address 901 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	375.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Total contributions this event			Total expenditures this event			Page Total \$ 900.00	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Serrott for Judge Committee						
Full Name of Contributor				Registration Number, if PAC		
Law office of Thomas F. Hayes, LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
65 E. Livingston Ave			0	4	2	125.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Brehm, Eric						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
604 East Rich Street, Suite 2100			0	4	2	60.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Cash			
Full Name of Contributor				Registration Number, if PAC		
Dennis Day						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
330 South High Street			0	4	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Cash			
Full Name of Contributor				Registration Number, if PAC		
Cecily Ferris						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
253 East Kossuth Street, Apt F			0	4	2	75.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43206	Cash			
Full Name of Contributor				Registration Number, if PAC		
Eric Hoffman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
338 S. High St			0	4	2	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Cash			
Full Name of Contributor				Registration Number, if PAC		
Sean Maxfield						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
825 South Front Street			0	4	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43206	Cash			
Full Name of Contributor				Registration Number, if PAC		
Ruth Rankin						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2432 Wyncountney Court			0	4	2	80.00
City	State	Zip Code	Form(Cash,Check,etc)			
Powell	O H	43065	Cash			

Total contributions this event

Total expenditures this event

Page Total \$ 590.00

