31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: SERROTT FOR JUDGE							
Full Name of Contributor: LAKO POOLED WALLS LLC						Registration Number, if PAC	
Street Address: 1023 Stimmel Ave	Employer/Occupation/Labor Organization*: LLC						Form (Cash, Check, etc.)
City: Cols.	State: OH	Zip Code: 43206	M: 02	D: 26	Y: 16	Amount: 3,600 00	
Full Name of Contributor: Schneider FOR JUDGE						Registration Number, if PAC	
Street Address: 865 MACON Alley	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
City: Cols.	State: OH	Zip Code: 43215	M: 02	D: 26	Y: 16	Amount: 250 00	
Full Name of Contributor: DAHLIA LLC						Registration Number, if PAC	
Street Address: 147 VINE St	Employer/Occupation/Labor Organization*: LLC						Form (Cash, Check) etc.: 500 00
City: Cols	State: OH	Zip Code: 43215	M: 02	D: 26	Y: 16	Amount	
Full Name of Contributor: DAVID WHITAKER						Registration Number, if PAC	
Street Address: 673 MARBURN	Employer/Occupation/Labor Organization*: ATTNY						Form (Cash, Check, etc.)
City: Cols	State: OH	Zip Code: 43214	M: 02	D: 26	Y: 16	Amount: 100 00	
Full Name of Contributor: Joseph LANDUSKY						Registration Number, if PAC	
Street Address: 901 S. High St	Employer/Occupation/Labor Organization*: ATTNY						Form (Cash, Check, etc.)
City: Cols	State: O	Zip Code: 43206	M: 03	D: 08	Y: 16	Amount: 600 00	
Full Name of Contributor: JOHN Bentine						Registration Number, if PAC	
Street Address: 1111 Schrock Rd	Employer/Occupation/Labor Organization*: Attorney						Form (Cash, Check, etc.)
City: Columbus	State: OH	Zip Code: 43229	M: 04	D: 11	Y: 16	Amount: 100 00	
Full Name of Contributor: Mike PROBST						Registration Number, if PAC	
Street Address: 2020 Perensay Ct.	Employer/Occupation/Labor Organization*: ATTNY						Form (Cash, Check, etc.)
City: DUBLIN	State: O	Zip Code: 43016	M: 04	D: 14	Y: 16	Amount: 200	
Full Name of Contributor: TOM Tootle						Registration Number, if PAC	
Street Address: 85 E Gay St	Employer/Occupation/Labor Organization*: ATTNY						Form (Cash, Check, etc.)
City: Cols	State: OH	Zip Code: 43215	M: 04	D: 14	Y: 16	Amount: 100 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 also appear. [R.C. 3517.10(B)(4)]

Page Total $ 5450 00