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				**Registration Number, if PAC**	
JIM ARNOLD & ASSOCIATES					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
115 W. MAIN St.	ATTORNEY				
City	**State**	**Zip Code**	**M D Y**		**Amount**
Cols	OH	43215	11 27 15		250 LK
Full Name of Contributor				**Registration Number, if PAC**	
LIZA KESSLER					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4633 YANTIS DR.	ATTORNEY				
City	**State**	**Zip Code**	**M D Y**		**Amount**
New Albany	OH	43054	11 30 15		250 CK
Full Name of Contributor				**Registration Number, if PAC**	
ZIEGER, TIGGES, LITTLE					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
41 S. HIGH ST	ATTORNEYS				
City	**State**	**Zip Code**	**M D Y**		**Amount**
Cols	OH	43215	11 30 15		1,000 CK
Full Name of Contributor				**Registration Number, if PAC**	
MIKE JOHRENDT					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
250 E. BROAD ST	ATTORNEY				
City	**State**	**Zip Code**	**M D Y**		**Amount**
Cols	OH	43215	11 30 15		600 CK
Full Name of Contributor				**Registration Number, if PAC**	
LOIS JOHRENDT					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
250 E. BROAD ST	~~ATT~~ INVESTIGATOR				
City	**State**	**Zip Code**	**M D Y**		**Amount**
Cols	OH	43215	11 30 15		600 CK
Full Name of Contributor				**Registration Number, if PAC**	
ANDREW HOLFORD					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
250 E. BROAD ST	ATTORNEY				
City	**State**	**Zip Code**	**M D Y**		**Amount**
Cols	OH	43215	11 30 15		300 LK
Full Name of Contributor				**Registration Number, if PAC**	
AL REIS					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1304 AMBERLEA DR	ATTORNEY				
City	**State**	**Zip Code**	**M D Y**		**Amount**
GAHANNA	OH	43230	12 07 15		600 CK
Full Name of Contributor				**Registration Number, if PAC**	
JON HANDLER					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
571 S. HIGH St.	~~ATTORNEY~~ BONDSMAN				
City	**State**	**Zip Code**	**M D Y**		**Amount**
Cols	OH	43215	12 07 15		250 CK

* 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 $ 3,850 CK