

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SEAROTT FOR JUDGE							
Full Name of Contributor Toure McCord				Registration Number, if PAC			
Street Address 344 S. FRONT ST		Employer/Occupation/Labor Organization ATTORNEY		Form (Cash, Check, etc.)			
City COLS	State OH	Zip Code 43206	M 12	D 10	Y 15	Amount 150⁰⁰	
Full Name of Contributor WES NEWHOUSE				Registration Number, if PAC			
Street Address 5025 ARLINGTON #400		Employer/Occupation/Labor Organization ATTORNEY		Form (Cash, Check, etc.)			
City COLS	State OH	Zip Code 43220	M 12	D 10	Y 15	Amount 50⁰⁰	
Full Name of Contributor VAN WEY AND WOLFE ATTORNEYS				Registration Number, if PAC			
Street Address 1350 W. 5TH AVE		Employer/Occupation/Labor Organization ATTORNEYS		Form (Cash, Check, etc.)			
City COLS	State OH	Zip Code 43215	M 12	D 11	Y 15	Amount 500⁰⁰	
Full Name of Contributor STANLEY DRITZ				Registration Number, if PAC			
Street Address 400 S. Fifth		Employer/Occupation/Labor Organization ATTORNEY		Form (Cash, Check, etc.)			
City COLS	State OH	Zip Code 43215	M 12	D 11	Y 15	Amount 250⁰⁰	
Full Name of Contributor SCOTT SCHIFF				Registration Number, if PAC			
Street Address 115 W. MAIN ST		Employer/Occupation/Labor Organization ATTORNEY		Form (Cash, Check, etc.)			
City COLS	State OH	Zip Code 43215	M 12	D 11	Y 15	Amount 250⁰⁰	
Full Name of Contributor NANCY WANNELL				Registration Number, if PAC			
Street Address 336 S HIGH		Employer/Occupation/Labor Organization ATTORNEY		Form (Cash, Check, etc.)			
City COLS	State OH	Zip Code 43215	M 12	D 11	Y 15	Amount 100⁰⁰	
Full Name of Contributor CARPENTER LIPPS LPA				Registration Number, if PAC			
Street Address 280 N HIGH		Employer/Occupation/Labor Organization ATTORNEYS		Form (Cash, Check, etc.)			
City COLS	State OH	Zip Code 43215	M 12	D 11	Y 15	Amount 250⁰⁰	
Full Name of Contributor RICK PFEIFFER				Registration Number, if PAC			
Street Address 238 E. ROYAL FOREST		Employer/Occupation/Labor Organization ATTORNEY		Form (Cash, Check, etc.)			
City COL	State OH	Zip Code 43214	M 12	D 14	Y 15	Amount 150⁰⁰	

* 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 \$ **1,700⁰⁰**