

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SEAROTT FOR JUDGE									
Full Name of Contributor Jim Gordon							Registration Number, if PAC		
Street Address 7677 Patterson			Employer/Occupation/Labor Organization Attorney				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Cols		State OH	Zip Code 43026		M 12	D 14	Y 15	Amount 250⁰⁰	
Full Name of Contributor JOHN GILLIGAN							Registration Number, if PAC		
Street Address 1420 Castleton Rd			Employer/Occupation/Labor Organization Attorney				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Cols		State OH	Zip Code 43220		M 12	D 16	Y 15	Amount 250⁰⁰	
Full Name of Contributor SCOTT SMITH LPA LLC							Registration Number, if PAC		
Street Address 5003 HORIZONS DR			Employer/Occupation/Labor Organization Attorney				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Cols		State OH	Zip Code 43220		M 12	D 16	Y 15	Amount 1000⁰⁰	
Full Name of Contributor MIKE GERTNER							Registration Number, if PAC		
Street Address 500 S. Front St.			Employer/Occupation/Labor Organization Attorney				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Cols		State OH	Zip Code 43215		M 12	D 17	Y 15	Amount 250⁰⁰	
Full Name of Contributor BOB KRAPENC							Registration Number, if PAC		
Street Address 1069 LAKEGROVE CT			Employer/Occupation/Labor Organization Attorney				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City WEST.		State OH	Zip Code 43081		M 12	D 18	Y 15	Amount 500⁰⁰	
Full Name of Contributor TOM LONG							Registration Number, if PAC		
Street Address 65 E State St			Employer/Occupation/Labor Organization Attorney				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Cols		State OH	Zip Code 43215		M 12	D 28	Y 15	Amount 600⁰⁰	
Full Name of Contributor DOUG WARNOCK							Registration Number, if PAC		
Street Address 210 E. Central			Employer/Occupation/Labor Organization Attorney				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Delaware		State OH	Zip Code 43015		M 12	D 28	Y 15	Amount 250⁰⁰	
Full Name of Contributor IBEW							Registration Number, if PAC		
Street Address 23 W. 2nd Ave			Employer/Occupation/Labor Organization Electrical Workers				Form (Cash, <input checked="" type="checkbox"/> Check, etc.)		
City Cols		State OH	Zip Code 43201		M 12	D 28	Y 15	Amount 1000⁰⁰	

* 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 \$ **4,100⁰⁰**

TOTAL 5 pages \$ **23,450⁰⁰**