| Page 2 | | _ | |
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| | D | $^{\circ}$ | |
| | Page | Lan | |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| News of Committee in Evil | | | | | | | | |
|--|--|--|--|---|--|--|--|--|
| Name of Committee in Full Doughor for Judgo Committee | | | | | | | | |
| Doucher for Judge Committee Full Name of Contributor | | | Ragistro | tion Numl | ar if DA | | | |
| | | | arcgistra | HIBST MON | м, п гА | <u></u> | | |
| Kimberley A. Doucher | Employar/Occurs | ation/ shar Organization* | | Містрії в в в Жонгій пригород | | Form (Cash, Check, etc.) | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | | | |
| 6065 Frantz Rd Ste 104 | Attorney | Zip Code | T 84 | D | Y | Check Amount | | |
| ^{City} Dublin | State O H | 43017 | $\begin{vmatrix} M \\ 0 \end{vmatrix} 1$ | 0 9 | 0 9 | 50.00 | | |
| Full Name of Contributor | | 1 40017 | DESCRIPTION OF THE PROPERTY OF | - NAVIDANCE CHEESE | discourage of the consequence. | | | |
| Full Name of Contributor Registration Number, if PAC Pay Pal | | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 2145 Hamilton AV. | Lampie, director | Employer/Occupation/Labor Organization | | | | Electronic | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| San Jose | $C \mid A$ | 95125 | 0 2 | 0 2 | 0 9 | 0.11 | | |
| Full Name of Contributor | | | CONTRACTOR SERVICES | tion Num | | | | |
| Michele Shuster | | | - Control of the Cont | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 6530 West Campus Oval Ste 210 | Attorney | | | | | Check | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| New Albany | OH | 43054 | 0 2 | 2 3 | 0 9 | 100.00 | | |
| Full Name of Contributor | THE PARTY OF THE P | | THE RESERVE OF THE PERSON NAMED IN COLUMN | tion Num | Anna Carrier Contract | La representation de la companya del la companya de | | |
| Stephen Miller | | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | And the second second second | amerika rampinak | Form (Cash, Check, etc.) | | |
| 5256 Redmond Ct | | | | | | Electronic | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Hilliard | OH | 43026 | 0 1 | 0 4 | 1 0 | 10.00 | | |
| Full Name of Contributor | | | Registra | ition Num | ber, if PA | С | | |
| Amy Thomas | | | | | | | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 7203 Trillium Dr | | | | | | Electronic | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Lewis Center | OH | 43035 | 0 1 | 0 4 | 1 0 | 50.00 | | |
| Full Name of Contributor | | | Registra | ntion Num | ber, if PA | C | | |
| Ira Shakeri | | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | NASAN STATES OF | | Form (Cash, Check, etc.) | | |
| 4198 Borge Way | Time W | arner Cable | | | | Electronic | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Dublin | OH | 43017 | 0 1 | $0 \mid 4$ | 1 0 | 500.00 | | |
| Full Name of Contributor | | A STATE OF THE PERSON NAMED OF | Registra | ation Num | ber, if PA | С | | |
| Helen MacMurray | | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | - TARREST CONTRACTOR | | | Form (Cash, Check, etc.) | | |
| 5692 Sugarwood Dr | Attorne | | | | Electronic | | | |
| City | State | Zip Code | M | D | Y | Amount | | |
| New Albany | OH | 43054 | 0 1 | concerno saina empera | | 100.00 | | |
| Full Name of Contributor Registration Number, if PA | | | | | | С | | |
| Alvin Tucker | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| 1099 Bayboro Dr | | | | Electronic | | | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| New Albany | 0 H | 43054 | 0 1 | 0 5 | 1 0 | 10.00 | | |
| and for contributions from individuals over \$100 to statewide and | 1 1 1 1 1 | John If anniellutor is golf and | alarrad tha | nannatia | n and the | nome of the | | |

* 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)]

Page Total \$ 820.11