

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Linda Zack					Registration Number, if PAC		
Street Address 2480 Powell Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 1 3	Y 1 5	Amount 65.00	
Full Name of Contributor Laura Helmbrecht					Registration Number, if PAC		
Street Address 502 S. Third Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 3	Y 1 5	Amount 100.00	
Full Name of Contributor Kyle Katz					Registration Number, if PAC		
Street Address 336 S. Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 3	Y 1 5	Amount 250.00	
Full Name of Contributor Kurt Schmalz					Registration Number, if PAC		
Street Address 3316 N. High Street, Suite 1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43202	M 1 0	D 1 3	Y 1 5	Amount 150.00	
Full Name of Contributor James Winnegrad					Registration Number, if PAC		
Street Address 217 N. Cassingham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 3	Y 1 5	Amount 100.00	
Full Name of Contributor Neil Rosenberg					Registration Number, if PAC		
Street Address 400 S. 5th Street, Suite 301		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 3	Y 1 5	Amount 100.00	
Full Name of Contributor Doug Shaw					Registration Number, if PAC		
Street Address 555 City Park Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 3	Y 1 5	Amount 105.00	
Full Name of Contributor James Connors					Registration Number, if PAC		
Street Address 221 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 3	Y 1 5	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 appear. [R.C. 3517.10(13)(4)]