31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Ebner for Judge								
Full Name of Contributor							Registration Number, if PAC	
Lee Smith								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
929 Harrison Ave, Suite 300							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43215	0 1	2 8	1 6		100.00	
Full Name of Contributor							Registration Number, if PAC	
Mark Hummer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1795 Edgemont Road							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43212	0 1	2 0	1 6		150.00	
Full Name of Contributor							Registration Number, if PAC	
Gregg Slemmer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1188 S. High Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43206	0 2	0 5	1 6		150.00	
Full Name of Contributor							Registration Number, if PAC	
Paula Brooks								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
545 East Town Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43215	0 1	2 9	1 6		250.00	
Full Name of Contributor							Registration Number, if PAC	
Michael Probst								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2020 Pevensey Court							Credit Card	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43220	0 1	2 8	1 6		97.25	
Full Name of Contributor							Registration Number, if PAC	
Jennifer Luckett								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5860 Triplett Square							Check	
City	State	Zip Code	M	D	Y		Amount	
New Albany	O H	43054	0 1	3 1	1 6		100.00	
Full Name of Contributor							Registration Number, if PAC	
Merry Korn								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
448 W. Nationwide Blvd., Suite 402							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O H	43215	0 1	3 0	1 6		100.00	
Full Name of Contributor							Registration Number, if PAC	
Lawrence Levinson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4477 Ackerly Farm Road							Check	
City	State	Zip Code	M	D	Y		Amount	
New Albany	O H	43054	0 2	0 4	1 6		50.00	

* 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(B)(4)]

Page Total $ 997.25