

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Grubb for Judge Committee</b>							
Full Name of Contributor <b>McCord &amp; Akamine, L.L.P. -- Incorrectly Deposited to Campaign Account</b>						Registration Number, if PAC	
Street Address <b>844 S. Front St.</b>		Employer/Occupation/Labor Organization* <b>Deposit should have been made to firm account for McCord &amp; Akamine, L.L.P.</b>				Form (Cash, Check, etc.) <b>cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>0</b>	Amount <b>\$300.00</b>
Full Name of Contributor <b>McCord &amp; Akamine, L.L.P. -- Incorrectly Deposited to Campaign Account</b>						Registration Number, if PAC	
Street Address <b>844 S. Front St.</b>		Employer/Occupation/Labor Organization* <b>Deposit should have been made to firm account for McCord &amp; Akamine, L.L.P.</b>				Form (Cash, Check, etc.) <b>cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$600.00</b>
Full Name of Contributor <b>McCord &amp; Akamine, L.L.P. -- Incorrectly Deposited to Campaign Account</b>						Registration Number, if PAC	
Street Address <b>844 S. Front St.</b>		Employer/Occupation/Labor Organization* <b>Deposit should have been made to firm account for McCord &amp; Akamine, L.L.P.</b>				Form (Cash, Check, etc.) <b>cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$300.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Y	Amount

\* 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)]