

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Joseph Mas					Registration Number, if PAC		
Street Address 330 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 1	Amount 100.00	
Full Name of Contributor Ben Luftman					Registration Number, if PAC		
Street Address 580 East Rich Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 500.00	
Full Name of Contributor John Moore					Registration Number, if PAC		
Street Address 2153 Cleveland Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43211	M 0	D 1	Y 2	Amount 150.00	
Full Name of Contributor Christopher Minnillo					Registration Number, if PAC		
Street Address 1500 West 3rd Ave, Suite 210		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Jack Stover					Registration Number, if PAC		
Street Address 1350 West 5th Ave, Suite 320		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 2	Y 2	Amount 350.00	
Full Name of Contributor Michael Schaeffer					Registration Number, if PAC		
Street Address 88 West Mound Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Blythe Bethel					Registration Number, if PAC		
Street Address 495 South High Street, Suite 220		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Thomas Taneff					Registration Number, if PAC		
Street Address 250 Civic Center Drive, Suite 210		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 250.00	

* 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 \$ 1,600.00