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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N		·			_			
Name of Committee in Full								
Nelson for Judge								
Full Name of Contributor				Registration Number, if PAC				
Frederick D. Nelson	In	ation/Labor Organization*						
Street Address	1 ' ' '				Form (Cash, Check, etc.)			
310 S. Stanwood Rd.	candida				check			
Columbia o	State O   H	Zip Code	M	D	Y	Amount 1 000 00		
Columbus	OH	43209		0 8		1,000.00		
Full Name of Contributor  Vorys Sater Seymour and Pease Advocates for Effective Gov't  Registration Number, if PAC  OH108								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
52 E. Gay Street	PAC				check			
City	State	Zip Code	М	D	Y	Amount		
1 -	O H	43215		110	1			
Columbus	0 11	43213						
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
	,				,			
City	State	Zip Code	М	D	Ϋ́	Amount		
				1 1	1			
Full Name of Contributor	<u> </u>		Registr	ation Num	ber, if PA	AC		
:								
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
				,				
City	State	Zip Code	M	D	Y	Amount		
					<u> </u>			
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)		
	0: :	17: 0 1	1 34	T B	1 37	A4		
City	State	Zip Code	M	D	Y	Amount		
		l	10		1			
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occur	oation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization						i orin (Cash, Check, Cle.)		
City	State	Zip Code	М	T D	Y	Amount		
	1			$\perp$	1	1		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
	1							
Required for contributions from individuals over \$100 to statewide and gene	aral accombly cone	lidetes. If contributor is saif arms	loved the	occupatio	n and the	name 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 \$ 4,600.00