

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR JUDGE													
Full Name of Contributor NATIONWIDE ENERGY PARTNERS							Registration Number, if PAC						
Street Address 250 West Street St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City COLUMBUS		State OH		Zip Code 43215		M 08		D 25		Y 14		Amount 150⁰⁰	
Full Name of Contributor MELISSA HOFFEL							Registration Number, if PAC						
Street Address 1443 Cliff CT, APT C				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City COLUMBUS		State OH		Zip Code		M 08		D 25		Y 14		Amount 100⁰⁰	
Full Name of Contributor JAMES ERVIN JR.							Registration Number, if PAC						
Street Address 6708 Glasin Court				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Dublin		State OH		Zip Code 43016		M 08		D 25		Y 14		Amount 75⁰⁰	
Full Name of Contributor DANIEL HILSON							Registration Number, if PAC						
Street Address 4281 olmsted Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City NEW Albany		State OH		Zip Code 43054		M 08		D 25		Y 14		Amount 200⁰⁰	
Full Name of Contributor Roetzel & Address							Registration Number, if PAC						
Street Address 155 E. Broad St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Columbus		State OH		Zip Code 43215		M 08		D 25		Y 14		Amount 200⁰⁰	
Full Name of Contributor Scott Smith							Registration Number, if PAC						
Street Address 5003 Horizons Dr, STE 200				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ON-LINE						
City COLUMBUS		State OH		Zip Code 43220		M 08		D 25		Y 14		Amount 500⁰⁰	
Full Name of Contributor RICK WEST							Registration Number, if PAC						
Street Address 5311 E. shore Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ONLINE						
City Columbus		State OH		Zip Code 43231		M 09		D 02		Y 14		Amount 150⁰⁰	
Full Name of Contributor TRACEY K. MOODY							Registration Number, if PAC						
Street Address 7631 Wild Mint Ct.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ON-LINE						
City WESTERVILLE		State OH		Zip Code 43082		M 09		D 02		Y 14		Amount 100⁰⁰	

* 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)]