

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Junga For Judge									
Full Name of Contributor Constantine Stamos						Registration Number, if PAC			
Street Address 2638 Wicklow Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Toledo		State OH	Zip Code 43606		M 0	D 4	Y 2	Y 0	Amount \$25.00
Full Name of Contributor Richard Killworth						Registration Number, if PAC			
Street Address 205 Dell Park Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dayton		State OH	Zip Code 45419		M 0	D 4	Y 2	Y 0	Amount \$200.00
Full Name of Contributor Wayne Leazier and Kathleen Leazier						Registration Number, if PAC			
Street Address 5321 Pintail Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Fort Wayne		State IN	Zip Code 46818		M 0	D 4	Y 2	Y 0	Amount \$100.00
Full Name of Contributor Andrew Owen						Registration Number, if PAC			
Street Address 395 Meditation Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 5	Y 1	Y 0	Amount \$100.00
Full Name of Contributor Elaine Bobbitt and Geoffrey Bobbitt						Registration Number, if PAC			
Street Address 5513 Headleys Mill Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala		State OH	Zip Code 43062		M 0	D 5	Y 1	Y 0	Amount \$50.00
Full Name of Contributor Docile Jim Brady						Registration Number, if PAC			
Street Address 585 Brookside Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) MasterCard		
City Columbus		State OH	Zip Code 43209		M 0	D 5	Y 0	Y 4	Amount \$25.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	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 OH	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)]

Page Total **\$500.00**