3	1	-/	4			
R		. 3	35	17	1	0

Page 1

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	magyarin calabata di Bacali palah manyarin da basayaran 111 ori da hisi maran in kasa aranda	a na ananana manana na anana panga na karana na kakaka kabana aki da sa kakaka kaka ana kakaka ana kakaka kaka	Registration Number, if	PAC
Street Address	Employer/Occi	apation/Labor Organization*		Form (Cash, Check, etc.)
2638 Wicklow Rd				check
City Toledo	State OH	Zip Code 43606	0 4 2 0 1 0	Amount \$25.00
Full Name of Contributor			Registration Number, if	PAC
Richard Killworth				Form (Cash, Check, etc.)
Street Address 205 Dell Park Ave	Employer/Occi	Employ to O trapation Bases of Bases and Control of the Control of		
City	State	Zip Code	M D Y	Check
Dayton	ОН	45419	0 4 2 0 1 0	\$200.00
Full Name of Contributor Wayne Leazier and Kathleen Leazie	r		Registration Number, if	PAC
Street Address 5321 Pintail Pl	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) check
City Fort Wayne	State IN	Zip Code 46818	0 4 2 0 1 0	Amount) \$100.00
Full Name of Contributor			Registration Number, if	PAC
Andrew Owen	· · · · · · · · · · · · · · · · · · ·		:	
Street Address 395 Meditation Ln		upation/Labor Organization®		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	0 5 1 0 1 0	Amount \$100.00
Full Name of Contributor Elaine Bobbitt and Geoffrey Bobbitt			Registration Number, if	PAC
Street Address 5513 Headleys Mill Rd	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
City Pataskala	State OH	Zip Code 43062	0 5 1 0 1 C	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	0 5 0 4 1 0	Amount \$25.00
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
City (Angle Control of the Control o	State OH	Zip Code	M D Y	Amount
Full Name of Contributor		от потом в пред до пред потом от респитент на бот него по се сто и него и потом по посто по потом по потом по	Registration Number, if	PAC
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$500.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]