

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Jonathan Klein					Registration Number, if PAC		
Street Address 101 Heather Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 4	D 1 6	Y 1 5	Amount 400.00	
Full Name of Contributor Kristin Noneman					Registration Number, if PAC		
Street Address 106 W. 6th Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 4	D 1 6	Y 1 5	Amount 100.00	
Full Name of Contributor Leah Reibel					Registration Number, if PAC		
Street Address 39 Orchard Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 4	D 1 6	Y 1 5	Amount 100.00	
Full Name of Contributor Terry Sherman					Registration Number, if PAC		
Street Address 175 S. Merkle Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 4	D 1 6	Y 1 5	Amount 300.00	
Full Name of Contributor Phil Templeton					Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 1 6	Y 1 5	Amount 250.00	
Full Name of Contributor Joy Soll					Registration Number, if PAC		
Street Address 141 S. Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43209	M 0 5	D 0 7	Y 1 5	Amount 243.12	
Full Name of Contributor Paul Lewis					Registration Number, if PAC		
Street Address 13351-D Riverside Drive #445		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Sherman Oaks	State C A	Zip Code 91423	M 0 5	D 0 7	Y 1 5	Amount 48.62	
Full Name of Contributor Jonathan Wolman					Registration Number, if PAC		
Street Address 1149 Sleeping Meadow Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 4	D 1 3	Y 1 5	Amount 50.00	

* 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)]