1,491.74

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Ebner for Judge								
ull Name of Contributor					Registration Number, if PAC			
Jonathan Klein								
Street Address	Employe	т/Оссира	ation/Labor Organization*	***************************************			Form (Cash, Check, et	:c.)
101 Heather Lane							Check	
City	Si	tate	Zip Code	M	D	Y	Amount	
Powell	0	H	43065	0 4	1 6	1 5	40	00.00
511						ber, if PA		, , , , ,
Kristin Noneman								
Street Address	Employe				Form (Cash, Check, et	(c.)		
106 W. 6th Ave							Check	
City	Si	ate	Zip Code	Тм	D	Y	Amount	
Columbus	0	H	43201	$0 \mid 4$	l .	1		00.00
Full Name of Contributor		11	43201		tion Num			70.00
Leah Reibel				Registra	mon ream	oci, ii i A	C	
Street Address	17-malous	-/Osaus	etica/Labor Osuspination*				Form (Cash, Check, et	a.)
	Employer/Occupation/Labor Organization*						Check	
39 Orchard Drive			Zip Code	T 37	T 5	ΙΥ		
City	_	ate I I_I		M	D	Ι.	Amount	20.00
Worthington	0	H	43085	0 4		1 5		00.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Terry Sherman	1							
Street Address	Employe	Form (Cash, Check, etc.)						
175 S. Merkle Road					· · · · · · · · · · · · · · · · · · ·		Check	
City	Si	tate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43209	0 4	1 6	1 5	30	00.00
Full Name of Contributor				Registra	tion Num	beτ, if PA	С	
Phil Templeton								
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, et	c.)
500 South Front Street, Suite 1200							Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43215	0 4	1 6	1 5	25	50.00
Full Name of Contributor	•			Registra	tion Num	ber, if PA	С	
Jov Soll								
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, et	(c.)
141 S. Drexel Ave							Credit Card	1
City	S	tate	Zip Code	M	D	Y	Amount	
Columbus		H	43209	0 5	017	1 5	24	43.12
Full Name of Contributor	Ŭ	1	10207		tion Num			
Paul Lewis								
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, et	ic.)
13351-D Riverside Drive #445		,,					Credit Card	
City	S	tate	Zip Code	M	D	Y	Amount	<u>-</u>
Sherman Oaks	C	A	91423	0 5	1 .	1 5		18.62
Full Name of Contributor		1 11	71423		tion Num			10.02
Jonathan Wolman				. vogisii d		, n 1 /1	-	
Jonathan vvoiman Street Address	Employ	er/Occur-	ation() abor Organization*				Form (Cash, Check, et	te)
	Linkioy	Employer/Occupation/Labor Organization*					•	.~.,
1149 Sleeping Meadow Drive	-	tato	Izin Code	- N	D	ΙΥ	Check	
City		tate L .J	Zip Code	M	D	1	Amount	: 0.00
New Albany		H	43054	0 4	113	1 5	l S	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)]

Page Total \$100.