

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Paul Morrison					Registration Number, if PAC		
Street Address 100 E. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor John Yaklevich					Registration Number, if PAC		
Street Address 100 E. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Wendie Gurus					Registration Number, if PAC		
Street Address 223 Abbot Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 6	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor Herb Chen					Registration Number, if PAC		
Street Address 34 W. Poplar Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 97.25	
Full Name of Contributor Jon Diamond					Registration Number, if PAC		
Street Address 2081 Biscayne Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Aventura	State F L	Zip Code 33180	M 0 6	D 0 5	Y 1 5	Amount 486.25	
Full Name of Contributor Michael Stickney					Registration Number, if PAC		
Street Address 10 E. 17th Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0 6	D 10 5	Y 1 5	Amount 97.25	
Full Name of Contributor Teresa Peters					Registration Number, if PAC		
Street Address 202 Windgate Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Peachtree City	State G A	Zip Code 30269	M 0 6	D 1 1	Y 1 5	Amount 48.62	
Full Name of Contributor Tony Sekulovski					Registration Number, if PAC		
Street Address 7823 Calverton Square		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City New Albany	State O H	Zip Code 43054	M 0 6	D 2 3	Y 1 5	Amount 48.62	

* 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)]