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Done	~
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				•			
Doucher for Judge Committee							
Full Name of Contributor				Registra	ition Nun	iber, if PA	C
Jay Eggspuehler						,	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7250 Coffman Rd	Attorney					Electronic	
City	Sta	THE REAL PROPERTY.	Zip Code	M	D	Y	Amount
Dublin	0	H	43017	01	0 6	1 0	100.00
Full Name of Contributor		erten Start Christanesia		Commission of the Commission o	entranscription and the second	ber, if PA	
Daniel Bringardner							
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
187 S Broadleigh Rd	Attorney				Electronic		
City	Sta	**************	Zip Code	M	D	Y	Amount
Columbus	0	H	43209	0 1			10.00
Full Name of Contributor				Registra	tion Nun	iber, if PA	C
Michael J Kelley					Perconal States	0.145.000 44 .185 0 0000000000000000	
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
4154 Stargrass Ct		and the second s					Electronic
City	Sta		Zip Code	M	D	Y	Amount
Hilliard		Н	43026	0 1	THE RESERVE THE PERSON NAMED IN	1 0	10.00
Full Name of Contributor				Registra	ition Nun	ber, if PA	C
Richard D. Bringardner					ikon elementeraiska sister.	(Anterplanta anno anterior an	
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
4836 Lytfield Dr	<u> </u>					~	Check
City	Sta		Zip Code	M	D	Y	Amount
Dublin		H	43017	0 1	10	endrose escapación menerale	10.00
Full Name of Contributor				Registra	ition Nun	iber, if PA	iC
Street Address	TrI.	./Oaa	tion / about Ourous institution	1	NAMES OF THE OWNER, WHEN		Fown (Cash Chaols ata)
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				roini (Casii, Cieck, etc.)		
City	Sta	ıt o	Zip Code	М	I D	ΙΥ	Amount
ony .]	iic	Zap Code	171			Amount
Full Name of Contributor		***************************************		Registra	tion Nun	ber, if PA	C.
				, and given		,	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	1						
остигнов по при	Sta	ite	Zip Code	M	D	ΙΥ	Amount
			.	***************************************			
Full Name of Contributor				Registra	tion Nun	ber, if PA	C
Street Address	Employe	r/Occupa	ation/Labor Organization*	- Banana and a		oden personadaje na zne	Form (Cash, Check, etc.)
	Sta	ate	Zip Code	М	D	Y	Amount
•	inoement.		direction of the state of the s				
Full Name of Contributor				Registra	tion Nun	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Form (Cash, Check, etc.)		
City	Sta	ate	Zip Code	М	D	Y	Amount
	- Constitution of the Cons	w/a-co-co-co-co-co-co-co-co-co-co-co-co-co-					
agained for contributions from individuals over \$100 to statewide and gene	1	****	1 TC 1			1 41	CA CA

manden in land construction for the construction of the constructi	ioniz	
Page Total	\$	130.00

^{*} 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)]