

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR Judge													
Full Name of Contributor Tim Dougherty							Registration Number, if PAC						
Street Address 1308 W. Mound Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH						
City Columbus		State OHIO		Zip Code 43229		M 04		D 03		Y 14		Amount 100⁰⁰	
Full Name of Contributor Ed Emsweller							Registration Number, if PAC						
Street Address 145 B. E Livingston Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH						
City Columbus		State OHIO		Zip Code 43215		M 04		D 03		Y 14		Amount 30⁰⁰	
Full Name of Contributor Brickler & Eckler LLP							Registration Number, if PAC						
Street Address 100 S. Third St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Columbus		State OHIO		Zip Code 43215		M 04		D 03		Y 14		Amount 600⁰⁰	
Full Name of Contributor Victoria McCoy							Registration Number, if PAC						
Street Address 6474 Upper Lake Creek				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Westerville		State OHIO		Zip Code 43082		M 04		D 16		Y 14		Amount 100⁰⁰	
Full Name of Contributor David Gmeff							Registration Number, if PAC						
Street Address 4756 Grayhorse Lane				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Westerville		State OHIO		Zip Code 43081		M 04		D 16		Y 14		Amount 150⁰⁰	
Full Name of Contributor Juan & Joan Perez							Registration Number, if PAC						
Street Address 8000 Ravines Edge Crt				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Columbus		State OHIO		Zip Code 43235		M 04		D 16		Y 14		Amount 100⁰⁰	
Full Name of Contributor Kathleen Cook							Registration Number, if PAC						
Street Address 4714 Saint Andrew Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Westerville		State OHIO		Zip Code 43082		M 04		D 16		Y 14		Amount 50⁰⁰	
Full Name of Contributor Robert Freed							Registration Number, if PAC						
Street Address 137 E. State St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Columbus		State OHIO		Zip Code 43081		M 04		D 16		Y 14		Amount 50⁰⁰	

* 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)]

Page Total \$ **1,180⁰⁰**