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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Ebner for Judge										
Full Name of Contributor							ımb	er, i	fPA	c
SSC PAC State of Ohio										
Street Address	Employ	er/Occupa	tion/Labor Organization*							Form (Cash, Check, etc.)
4300 E. 5th Ave									Check	
City	S	tate	Zip Code	М	i	D	Т	Y		Amount
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Full Name of Contributor			40217							
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*								_	Form (Cash, Check, etc.)
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Street Address	Employ	er/Occupa	tion/Labor Organization*							Form (Cash, Check, etc.)
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Full Name of Contributor				Reg	istra	tion Nu	ımb	er, i	f PA	.c
Street Address	Employ	er/Occupa	tion/Labor Organization*							Form (Cash, Check, etc.)
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Full Name of Contributor	<u> </u>	ļ		Reg	istra	tion Nu	ımb	er, i	f PA	c
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Full Name of Contributor Registration Number, if PAC										
Constitution (Constitution of the Constitution										
Street Address Employer/Occupation/Labor Organization* Form (Cash,										Form (Cash, Check, etc.)
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City	S	tate	Zip Code	M	I ,	D	1	Y		Amount
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Full Name of Contributor				Reg	uistra	tion Nu	ımb	er, i	f PA	C
Street Address Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)
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Full Name of Contributor Registration Number, if PA									c	
Street Address Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)
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\* 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 \$ 250.00