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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Pull						
Ebner for Judge						
Full Name of Contributor			Registra	ition Numl	ber, if PA	С
Michael Gertner						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
175 South Third #505						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	0 5	2 1	1 5	100.00
Full Name of Contributor				tion Num		
John Wirchamski						
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)
160 Franklin Street						Credit Card
City	State	Zip Code	М	D	Y	Amount
Dublin	O H	43017				97.25
Full Name of Contributor	0 11	45017	0 5	2 1		
			Kegisua	inon muni	jer, ii rA	C
Dana Eberts	Te					E 10 1 01 1 1 1
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Check, etc.)
Unable to locate address				Ţ		Cash
City	State	Zip Code	M	D	Υ .	Amount
Searched FC Auditor Website			0 5	2 1	1 5	50.00
Full Name of Contributor			Registra	ttion Numb	per, if PA	C
Ed Emsweller						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
2365 Bethel Road						Cash
City	State	Zip Code	М	D	Y	Amount
Columbus	он	43220	015	2 1	1 5	50.00
Full Name of Contributor				ition Numl		
Geraldine Ellman						
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
260 N. Columbia Ave	' '	C				Check
City	State	Zip Code	М	D	Y	Amount
		43209	0 5		1 5	100.00
Columbus	O H	45209				
Full Name of Contributor Registration Number, if PAC						
Jeffrey Meyer						C (Code Charles as)
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Check, etc.)
195 S. Columbia Ave				T _		Check
City	State	Zip Code	M	Ð	Y	Amount
Bexley	O H	43209	0 5		1 5	50.00
Full Name of Contributor			Registra	tion Numl	ber, if PA	С
Murray Davis						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
360 S. Columbia Ave						Check
City	State	Zip Code	М	D	Y	Amount
Bexley	0 H	43209	0 5	2 1	1 5	50.00
Full Name of Contributor		•		tion Num		
Carrie Madison						
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
2 Lyonsgate	' '					Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43209		2 7	1 5	48.62
Columbus		40407	1013	1411		40.02

Page Total \$	545.87

[•] 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)]