

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Ray Jeffries					Registration Number, if PAC		
Street Address 2867 Bellwood Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 8	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor Robert Weiler					Registration Number, if PAC		
Street Address 10 N. High Street Suite 401		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Victoria Rogovin-Dobkin					Registration Number, if PAC		
Street Address 55 N. Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 8	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Lynda Schiff					Registration Number, if PAC		
Street Address 275 S. Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 8	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Barry Liss					Registration Number, if PAC		
Street Address 1416 Striebel Road Apt. 213		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 0 8	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor Jason Block					Registration Number, if PAC		
Street Address 446 W. 4th Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 8	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Tracy Cohen					Registration Number, if PAC		
Street Address 493 E. Livingston Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 5	Y 1 5	Amount 500.00	
Full Name of Contributor Eugene Flectcher					Registration Number, if PAC		
Street Address PO Box 6921		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0 8	D 2 5	Y 1 5	Amount 50.00	

* 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)]