

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full							
Doucher for Judge Committee				Registration Number, if PAC			
Full Name of Contributor			Registrat	ion ivan	υcι, 11 1 Λ	·	
Michael J Kelley Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
	1 .					Check	
4154 Stargrass Ct		Attorney State Zip Code			Y	Amount	
<sub>City</sub> Hilliard	O H	43026	M 0 3	D 3   0	1 0		
Full Name of Contributor		10020			ber, if PA		
Worthington Republican Women					,		
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)	
526 Haymore Avenue North		,,				Check	
City	State	State Zip Code			Y	Amount	
Worthington	$O \mid H$	43085	$\begin{bmatrix} M \\ 0 \end{bmatrix} 4$	D 1 3	1 .		
Full Name of Contributor		10000	CONTRACTOR OF THE PROPERTY OF		ber, if PA	Annon more and a superior and a supe	
Transferred from Form 31-E Even	t Date 3/2/20	10	9		,	· -	
Street Address	Employer/Occup		Form (Cash, Check, etc.)				
Short Addiess							
City	State	Zip Code	М	D	Y	Amount	
City			1		******	800.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	American contract and the contract and t	
Transferred from Form 31-E Event	Date 3/4/201	0			•		
Street Address		pation/Labor Organization*			<ul> <li>The state of the s</li></ul>	Form (Cash, Check, etc.)	
Success success							
City	State	Zip Code	М	D	ΙY	Amount	
						4,400.00	
Full Name of Contributor			Registrat	tion Nun	ber, if PA		
A III TAINE OF COMMONO.							
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
				4.00			
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC	
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
	***	*					
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Street Address	Employer/Occu	*	Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount	
		1					
Full Name of Contributor			Registra	tion Nun	nber, if P/	$^{ m AC}$	
Street Address	Employer/Occu	<u> </u>	***************************************		Form (Cash, Check, etc.)		
	•						
City	State	Zip Code	М	D	ΙY	Amount	
		1			1		
in 15 martifly tions from individuals over \$100 to statewide a	-d can aval agapmily con	didatas. If contributor is sel	f-employed the	occupation	n and the	name of the	

\* 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 \$ 5,450.00