Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Ebner for Judge								
Full Name of Contributor				Registrat	ion Numl	per, if PA	C	
Scott Schiff								
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
115 W. Main Street							Check	
City	Sta		Zip Code	M	D	Y	Amount	
Columbus	0	Н	43215	1 0	2 8	1 5		500.00
Full Name of Contributor				Registrat	ion Numl	er, if PA	С	
Edward Friedman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
50 S. Parkview Ave							Check	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Bexley	0	H	43209	110	2 9	1 5		250.00
Full Name of Contributor				Registrat		er, if PA	С	
Jeffrey Basnett								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
282 Woodland Ave							Check	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Columbus		Н	43203	10	2 6	1 5		150.00
Full Name of Contributor	1 0		10200	_	_	per, if PA	Ċ	100.00
Steven Siegel								
Street Address	Employer	/Occupa	tion/Labor Organization*	٠		-	Form (Cash, Che	ck, etc.)
7190 Sumpton Drive	improyer/overpation baloor organization			Check			-1.4 -1.1.7	
City	Sta	ite	Zip Code	М	Ð	Ý	Amount	
New Albany		H	43054	1 0	2 9	1 .	, anoun	100.00
Full Name of Contributor	101	- 1 1	1 43034				<u> </u>	100.00
Full Name of Contributor Registration Number, if PAC Steven Perdue								
Street Address	Employee	/Oomma	tion/Labor Organization*	<u> </u>			Form (Cash, Che	ak ata \
	Employer	лоссира	montaoor Organization					ck, cic.)
7451 Center Green Drive			Tz:_ C_1	1 12	-	- V	Check	
*	Sta	Н	Zip Code	M	a a a	Y a e	Amount	250.00
Westerville	0	11	43082	1 1	0 2	1 5		250.00
Full Name of Contributor Registration Number, if PAC								
Andy Callif Street Address	Production of the Organization							
	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
350 S. High Street			In a .	1			Check	
City	Sta		Zip Code	M	D	I . I	Amount	050.00
Columbus	0	H	43215	1 0	2 9	1 5		250.00
Full Name of Contributor				Registrat	ion Numl	oer, if PA	С	
Sandra Ingberg	. ,			<u> </u>				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
3050 Valerie Arms Drive Apt #102				,			Check	
City	Sta		Zip Code	M	D	Y	Amount	
Dayton	$\bigcup O \mid$	Н	45405] 1 1	1 5	1 5		50.00
Full Name of Contributor Registration Number, if PAC								
June Gutterman								<u> </u>
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1462 Sedgefield Drive	<u> </u>						Credit C	ard
City	Sta		Zip Code	M	D	Y	Amount	
New Albany	0	Н	43054	1 0	2 6	1 5		48.63

Page Total \$ 1,598.63

^{*} 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)]