

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Burl Braver					Registration Number, if PAC		
Street Address 7900 Churchill Way Apt. 5404		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dallas	State T X	Zip Code 75251	M 0 5	D 1 8	Y 1 5	Amount 97.25	
Full Name of Contributor Sylvia Ebner					Registration Number, if PAC		
Street Address 303 Eastmoor Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 6	D 2 5	Y 1 5	Amount 150.00	
Full Name of Contributor Lawrence Benenson					Registration Number, if PAC		
Street Address 708 Third Ave, 28th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New York	State N Y	Zip Code 10017	M 0 6	D 1 6	Y 1 5	Amount 600.00	
Full Name of Contributor Rebecca Gooch					Registration Number, if PAC		
Street Address 336 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor Jason Despetorich					Registration Number, if PAC		
Street Address 100 East Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Leah Reibel					Registration Number, if PAC		
Street Address 39 Orchard Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 6	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor Umberto DeBeneditto					Registration Number, if PAC		
Street Address 2121 Bethel Road, Suite E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 6	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor Jeff Moore					Registration Number, if PAC		
Street Address 100 East Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43215	M 0 6	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)]