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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								· · · · · · · · · · · · · · · · · · ·	
Ebner for Judge									
Name of Contributor					Registration Number, if PAC				
Aaron Hoffman									
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
2722 Bexley Park Road							Cash		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	10	H	43209	1 2	0 3	1 5	i	100.00	
Full Name of Contributor			'	Registra	tion Num		С		
Steve Skilken									
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
383 S. 3rd Street							Credit C	Card	
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43215	1 2	0 3	1 5		97.25	
Full Name of Contributor			10210		tion Num		C	77.20	
Douglas Riddell						•			
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1829 Ashland Avenue		Employen occupation Education of garmanion			•			Check	
City		ate	Zip Code	М	D	Y	Amount		
Columbus	0	H H	43212	1 2	l .	1 5		500.00	
Full Name of Contributor	10		43212		tion Numl		C	300.00	
				Registra	MOII INMIII	ж, и т г	C		
Joseph Mas Street Address	Employe	r/Occum	ation/Labor Organization*				Form (Cash, Che	ant ato)	
	isinploye	<i>п</i> оссира	anon Labor Organization				` '	ck, cic.)	
330 South High Street			Ta: 0.1	T 14	T -5		Check		
City	۔ ا	ate I L I	Zip Code	M	D	Y	Amount	100.00	
Columbus	0	H	43215	1 2		1 5		100.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	C		
Andy Califf						-	r		
Street Address	Employo	r/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
350 S. High Street					,		Check		
City	_ Si	ate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43215	1 2	0 3	1 5	<u> </u>	500.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	С		
Jon Saia									
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
713 S. Front Street					_		Check		
City	St	ate	Zip Code	M	D	Y	Amount		
<u>Columbus</u>	0	H	43206	1 2	0 3	1 5		250.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
James Connors									
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
580 S. High Street, Suite 150		<u> </u>					Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43215	1 2	0 3	1 5		100.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Nicholas Vassy									
Street Address	Employo	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
145 E. Rich Street, 2nd Floor						Check			
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43215	1 2	0 3	1 5		250.00	
	 			. '				 	

Page Total \$ 1,897.25

^{*} 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)]