

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge									
Full Name of Contributor Aaron Hoffman						Registration Number, if PAC			
Street Address 2722 Bexley Park Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43209	M 1 2	D 0 3	Y 1 5	Amount 100.00			
Full Name of Contributor Steve Skilken						Registration Number, if PAC			
Street Address 383 S. 3rd Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 97.25			
Full Name of Contributor Douglas Riddell						Registration Number, if PAC			
Street Address 1829 Ashland Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 2	D 0 3	Y 1 5	Amount 500.00			
Full Name of Contributor Joseph Mas						Registration Number, if PAC			
Street Address 330 South High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 100.00			
Full Name of Contributor Andy Califf						Registration Number, if PAC			
Street Address 350 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 500.00			
Full Name of Contributor Jon Saia						Registration Number, if PAC			
Street Address 713 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 2	D 0 3	Y 1 5	Amount 250.00			
Full Name of Contributor James Connors						Registration Number, if PAC			
Street Address 580 S. High Street, Suite 150			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 100.00			
Full Name of Contributor Nicholas Vassy						Registration Number, if PAC			
Street Address 145 E. Rich Street, 2nd Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 250.00			

* 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)]

Page Total \$ 1,897.25