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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Ebner for Judge							
ull Name of Contributor			Registra	Registration Number, if PAC			
Lisa Rosen							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
2389 Fair Ave						Cash	
City	State	Zip Code	М	D	Y	Amount	
Bexley	он	43209	112	0 3	1 5	200.00	
Full Name of Contributor	101==	1020)			ber, if PA		
Cindi Morehart for Judge					,	-	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
225 E. Broad Street	Employenceu	patient about organization				Check	
	State	Zip Code	М	I n	Y		
City	1			D	1 .	Amount	
Columbus	O H	43215	1 0		1 5	224.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Paley for Judge							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
545 E. Town Street						Check	
City	State	Zip Code	М	D	Ý	Amount	
Columbus	O H	43215	111	0 2	1 5	224.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor	<u> </u>		Registra	1 ! tion Num	ber, if PA	C	
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Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
Succession and the succession an	Employenced	pation cason organization				i om (casi, check, cic.)	
City	State	Zip Code	М	D	Y	Amount	
chy	State	Zip Code	"		l 'i	Allount	
Full Name of Contributor			Dagint	tion Norm	ber, if PA	C	
Full Name of Contributor			regisus	mon raum	uci, ii ra	C	
Constables	Ir					1° (C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Żip Code	M	D	Y	Amount	
						<u> </u>	
Full Name of Contributor			Registra	ttion Num	ber, if PA	С	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
<u> </u>							
City	State	Zip Code	М	D	Y	Amount	
]						
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Υ	Amount	
				1 1			
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Page Total \$ 648.00

^{*} 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)]