31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Ebner for Judge							
Full Name of Contributor						Registration Number, if PAC	
David Brown							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6017 Post Road							Check
City	State	Zip Code	M	D	Y		Amount
Dublin	OH	43017	08	25	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Ari Deshe							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
16047 Collins Ave Apt 1104							Check
City	State	Zip Code	M	D	Y		Amount
Sunny Isle Beach	FL	33150	08	31	15		500.00
Full Name of Contributor						Registration Number, if PAC	
Stanley Maybruck							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1389 Sherbrooke Place							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43209	09	12	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Nanette Solomon							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
15 Lyonsgate							Check
City	State	Zip Code	M	D	Y		Amount
Bexley	OH	43209	09	12	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Brett Kaufman							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
30 Warren Street							Credit Card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	09	15	15		145.87
Full Name of Contributor						Registration Number, if PAC	
Babette Feibel							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6025 Whitman Road							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43213	09	17	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Gemma McLuckie							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3998 Sweet Shadow Lane							Check
City	State	Zip Code	M	D	Y		Amount
Gahanna	OH	43230	09	20	15		25.00
Full Name of Contributor						Registration Number, if PAC	
Mark Serrott							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
789 Northwest Blvd Apt A							Cash
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43212	09	13	15		100.00

* 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 $ 1,170.87