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	
Kevin Durkin							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
367 E. Broad Street							Credit Card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	07	15	15		97.25
Full Name of Contributor						Registration Number, if PAC	
Rickelle Santer							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
897 Plum Ridge							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43213	07	22	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Brent Applebaum							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
462 South 18th Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43205	07	22	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Jon Saia							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
713 S. Front Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43206	07	22	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Lawrence Levine							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5540 Glasgow Place							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43235	07	22	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Catherine White							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
145 E. Livingston Ave							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	07	22	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Jo Kaiser							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
155 W. Main Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	07	22	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Lori Sachs							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
389 Library Park Court							Cash
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	07	22	15		60.00

* 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 $ 607.25