Page	7_
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

P-111							
Name of Committee in Full							
Nelson for Judge							
Full Name of Contributor			Registrat	tion Num	ber, if PA	С	
Danny Cvetanovich							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
703 Camden Yard Ct.	Bailev Cavialari					check	
City	State	Zip Code	М	Ð	Y	Amount	
Columbus	OIH	43235	016	1 5	114	100.0	იი I
Full Name of Contributor	<u> </u>				ber, if PA		
David Bressman					,		
Street Address	Employer/Occu	pation/Labor Organization*	- L .			Form (Cash, Check, etc.)	_
4230 Tuller Road	Law Offices of David Bressman		cman	nan		check	
City	State	Zip Code	M	D	ΙΥ	Amount	\dashv
Dublin	OH	1 3					مہ ا
Full Name of Contributor	$\frac{10^{11}}{11}$	43017	1 0	10		100.0	<u> </u>
			Registrat	tion Num	ber, if PA	C	
Dennis Leukart	·						
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)	
922 S. Third Street	1896 In					check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43207	016	1 6	1 4	50.0	00
Full Name of Contributor		<u></u> -	Registrat	ion Num	ber, if PA	С	
Mary Nelson							
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Check, etc.)	
7900 Brill Road	retired		ļ			check	
City	State	Zip Code	М	D	Y	Amount	
Cincinnati	OIH	45243	017	211	1 4	20,000.0	00
Full Name of Contributor	-				ber, if PA		-
Franklin County Republican Party - Jud	dicial Acc	ount					
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)	\dashv
14 East Gav Street	politica	•				check	
City	State	Zip Code	М	D	ΙΥ	Amount	
Columbus	OH	43215	0 9		1 4	4,000.0	ഹ
Full Name of Contributor		1 40210		_			50
Worthington Republican Womens Clul						Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*						
		rganization	· · · · · · · ·			check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	ОІН	43085			1 4	50.0	JU
Full Name of Contributor			Registrat	ion Num	ber, if PA	С	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1 1					-	•
Full Name of Contributor			Registrat	ion Num	ber, if PA	С	
Caleb Nelson							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	\neg
1945 Fox Run Lane	UVAL	aw School				check	
City	State	Zip Code	М	D	Y	Amount	\neg
Charlottesville	$V \mid A$	22901	1	ı		2,500.0	ეი 1
C.M. LOUGO TIAC			1 1	<u>'</u> -			

Page Total \$ 26,800.00

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)]