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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								_	
Nelson for Judge						100.		_	
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
Tracey Puthoff	I=							_	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
7346 Ayers Road	Taft, Stettinius & Hollister				· · · · · · · · · · · · · · · · · · ·		check		
City	State		Zip Code	M	D	Y	Amount		
Cincinnati	0	H	45255	$1 \mid 0$			500.0	U	
Full Name of Contributor					Registration Number, if PAC				
Taft, Stettinius & Hollister Better Gover				OH	[1146				
	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
425 Walnut Street	PAC						check		
City	State		Zip Code	М	D	Y	Amount		
Cincinnati	0	H	45202	$1 \mid 0$	2 3		300.0	0	
Il Name of Contributor Registration Number,						ber, if P∧	С		
W Stuart Dornette									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
329 Bishopsbridge Dr.	Taft, Stettinius & Hollister						check		
City	State		Zip Code	М	Đ	Y	Amount	\neg	
Cincinnati	0	Н	45255	110	2 4	1 4	200.0	0	
Full Name of Contributor	•			Registra	tion Num	ber, if PA	C	Ī	
Michael Brumfield									
Street Address	Employer/C	Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)	_	
1079 S. Roosevelt Ave	South	rsid	e Motors				Cash		
City	State		Zip Code	М	D	Y	Amount	\dashv	
Bexlev	lo	Н	43209	1_{1}	216	1 4	50.0	0	
Full Name of Contributor			10203			ber, if PA		Ť	
] ~					
Street Address	Employer/Occupation/Labor Organization*					_	Form (Cash, Check, etc.)		
	Employer coupanion Buon Ciginitation								
City	State		Zip Code	М	D	Y	Amount		
				l "i	l ī	1			
Full Name of Contributor	<u> </u>			Registra	tion Num	her. if PA	C	_	
Full Name of Contributor Registration Number, if PAC									
Street Address Employer/Occupation/Labor Organization*						_	Form (Cash, Check, etc.)	_	
Silver radioss	Lingito	vupu	atom Europi Organization				i		
City	State		Zip Code	М	D	Y	Amount	_	
City) State	<i>'</i>	Lip Code	} "	1		anour	ŀ	
Full Name of Contributor	!		<u> </u>	Pavietra	tion Num	ber, if PA		_	
run Name of Contributor				Regisiia	uon mun	oci, ii FA	C		
Character Address	Employer/	\	sion II show Opposite \$	L			Fam. (Cook Cheek etc.)	_	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
	6		(a) 0 1	L 1/	T B	1 1/		_	
City	State	;	Zip Code	М	D	Y	Amount		
						1 10 2	<u></u>		
Full Name of Contributor Registration Number, if PAC									
							_		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
	<u> </u>		T		т-				
City	State	:	Zip Code	М	D	Y	Amount		

* 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 \$ 1,050.00