

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Nelson for Judge							
Full Name of Contributor Danny Cvetanovich						Registration Number, if PAC	
Street Address 703 Camden Yard Ct.			Employer/Occupation/Labor Organization* Bailey Caviolari			Form (Cash, Check, etc.) check	
City Columbus			State O H		Zip Code 43235	M D Y 0 6 1 5 1 4	Amount 100.00
Full Name of Contributor David Bressman						Registration Number, if PAC	
Street Address 4230 Tuller Road			Employer/Occupation/Labor Organization* Law Offices of David Bressman			Form (Cash, Check, etc.) check	
City Dublin			State O H		Zip Code 43017	M D Y 1 0 1 0 1 4	Amount 100.00
Full Name of Contributor Dennis Leukart						Registration Number, if PAC	
Street Address 922 S. Third Street			Employer/Occupation/Labor Organization* 1896 Inc.			Form (Cash, Check, etc.) check	
City Columbus			State O H		Zip Code 43207	M D Y 0 6 1 6 1 4	Amount 50.00
Full Name of Contributor Mary Nelson						Registration Number, if PAC	
Street Address 7900 Brill Road			Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check	
City Cincinnati			State O H		Zip Code 45243	M D Y 0 7 2 1 1 4	Amount 20,000.00
Full Name of Contributor Franklin County Republican Party - Judicial Account						Registration Number, if PAC	
Street Address 14 East Gay Street			Employer/Occupation/Labor Organization* political party			Form (Cash, Check, etc.) check	
City Columbus			State O H		Zip Code 43215	M D Y 0 9 2 5 1 4	Amount 4,000.00
Full Name of Contributor Worthington Republican Womens Club						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization* social organization			Form (Cash, Check, etc.) check	
City Worthington			State O H		Zip Code 43085	M D Y 0 9 1 7 1 4	Amount 50.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code	M D Y	Amount
Full Name of Contributor Caleb Nelson						Registration Number, if PAC	
Street Address 1945 Fox Run Lane			Employer/Occupation/Labor Organization* UVA Law School			Form (Cash, Check, etc.) check	
City Charlottesville			State V A		Zip Code 22901	M D Y	Amount 2,500.00

* 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 \$ 26,800.00