

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Myron Grauer					Registration Number, if PAC		
Street Address 5640 Windwood Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 2	D 0 3	Y 1 5	Amount 150.00	
Full Name of Contributor Anthony Marmon					Registration Number, if PAC		
Street Address 1321 Fishinger Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Upper Arlington	State O H	Zip Code 43221	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Julia Hickey					Registration Number, if PAC		
Street Address 88 West Mound Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 75.00	
Full Name of Contributor William Settina					Registration Number, if PAC		
Street Address 729 South Third Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 2	D 0 3	Y 1 5	Amount 250.00	
Full Name of Contributor Beverly Corner					Registration Number, if PAC		
Street Address 1415 E. Dublin Granville Road, Suite 10		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43229	M 1 2	D 0 3	Y 1 5	Amount 6.00	
Full Name of Contributor Michael Rankin					Registration Number, if PAC		
Street Address P.O. Box 184		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Powell	State O H	Zip Code 43065	M 1 2	D 0 3	Y 1 5	Amount 70.00	
Full Name of Contributor Colin Spencer					Registration Number, if PAC		
Street Address 112 East Mound Street, Apt. 3		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Larry Rosen					Registration Number, if PAC		
Street Address 288 S. Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43209	M 1 2	D 0 3	Y 1 5	Amount 10.00	

* 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 \$ 761.00