Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Ebner for Judge							
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Myron Grauer			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
5640 Windwood Drive				_			Check
City	St	ate	Zip Code	M	D	Y	Атошлі
Dublin	0	H	43017	1 2	0 3	1 5	150.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Anthony Marmon							
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
1321 Fishinger Road	•						Cash
City	St	ate	Zip Code	М	D	Y	Amount
Upper Arlington	0	H	43221	112	0 3	1 5	100.00
Full Name of Contributor		•	•	Registra	tion Num	ber, if PA	С
Julia Hickey				1			
Street Address	Employe	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
88 West Mound Street							Check
City	Si	atc	Zip Code	М	D	Υ	Amount
Columbus	lο	H	43215	112	0 3	1 5	75.00
Full Name of Contributor		<u>'</u>			tion Num		
William Settina				1			
Street Address	Employe	r/Occupa	tion/Labor Organization*	·			Form (Cash, Check, etc.)
729 South Third Street					Check		
City	St	ate	Zip Code	М	D	Y	Amount
Columbus	0	H	43206	1 2	013	1 5	250.00
Full Name of Contributor	<u> </u>		10200		tion Num		
Beverly Corner				1		,	
Street Address	Employe	r/Occuna	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
1415 E. Dublin Granville Road, Suite 10			В				Cash
City		atc	Zip Code	Тм	l D	ΙÝ	Amount
Columbus	O	 H	43229	112	1 .	1 5	6.00
Full Name of Contributor	1 0		43227		tion Num		
Michael Rankin							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
P.O. Box 184					Cash		
City	St	ate	Zip Code	М	D	Y	Amount
Powell	l o ˜	Н	43065	1 2	1 .	1 5	70.00
Full Name of Contributor		1	45005		tion Num		
Colin Spencer				region.		, n 111	
Street Address	Employe	r/Occups	ntion/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occupations/2001 Organization				Cash		
112 East Mound Street, Apt. 3	91	ate	Zip Code	М	D	Y	Amount
Columbus	0"	ане Н	43215	1	I .		100.00
Full Name of Contributor		11	43213		tion Num		
i				v.c.Rizara	ILIUM TAUMI	ooi, ii I A	
Larry Rosen Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
	c.mpioye	л Оссира	montation Organization				` ` ` ` ` · · · · · · · · · · · · · · ·
288 S. Drexel Ave	-		W. Cada	T	Ιr	V	Cash
Columbia	l _	ate L.I	Zip Code	M	D	Y	Amount
Columbus		H	43209	1112	0 3	[1]5	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