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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						_		
1								
Ebner for Judge Full Name of Contributor				[n:	ation Num	:CDA	<u> </u>	
				Kegisir	ation iami	ber, 11 170	C	
Steve Perdue	le	<u> </u>				-	F (C C)	
Street Address	Employeri	Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
4029 E. Broad Street							Check	
City	Stat		Zip Code	M	D	Y	Amount	
Columbus	01	Н	43209	018		1 5		250.00
Full Name of Contributor				Registra	ation Num	ber, if PA	С	
Florine Ruben								
Street Address	Employer/	Occupa	ntion/Labor Organization*				Form (Cash, Che	eck, etc.)
500 S. Parkview Ave Apt 401							Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Bexley	01	Η	43209	018	2 1	1 5		100.00
Full Name of Contributor			•		ation Num	ber, if PA	c	
Daniel Starek								
Street Address	Employer/	Оссира	ntion/Labor Organization*	<u> </u>			Form (Cash, Che	eck, etc.)
432 East Rich Street	' '	•	ŭ				Credit Card	
City	Stat	e	Zip Code	M	D	Y	Amount	<u> </u>
Columbus	0	Н	43215	018		1 5		97.25
Full Name of Contributor			40210		ation Num			71.43
				Kegistra	atton Ivan	oci, (177	C	
Tim Gallen Street Address	IE(<u> </u>					Form (Cash, Ch	aal: ata)
	Employen	Occupa	ation/Labor Organization*				*	cck, cic.)
3070 Elbern Ave			In a i	1 14	1 5	1 57	Check	
City	Stat		Zip Code	M	D	. Y	Amount	450.00
Columbus	0	Н	43209	018				150.00
Full Name of Contributor				Registra	ation Num	ber, if I'A	C	
Steven Nichol								
Street Address	Employer/	Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2102 Charles Street, #F	į						Check	
City	Stat	e	Zip Code	M	D	Υ	Amount	
Bexley	0	Η	43209	018	2 5	1 5		100.00
Full Name of Contributor				Registra	ation Num	ber, if PA	C	
Myron Grauer								
Street Address	Employer/	Оссира	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
5640 Windwood Drive							Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Dublin	01	Н	43017	018	2 5	1 5		150.00
Full Name of Contributor	101		10017		ation Num		C	100.00
Hillard Abroms								
Street Address	Employer	Occups	ation/Labor Organization*				Form (Cash, Ch	eck etc \
	Employen	оссира	Montendor Organization				Check	con, ere.,
753 South Front Street	Stat		Zip Code	М	D	Y	Amount	
l ·		H	1		1 .	I .	Amoun	250.00
Columbus	_ 0	11	43206	0 8			C	250.00
Full Name of Contributor				Kegistr	ation Num	oci, ii PA	C	
Judy Goldstein							12 16 1 =	1
Street Address	Employer/	Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
341 East Weisheimer Road						, .	Check	
City	Star		Zip Code	M	D	Y	Amount	
Columbus	01	Н	43214	0 4	1 6	1 5	<u> </u>	50.00

Page Total S 1,147.25

^{*} 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)]