

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Steve Perdue					Registration Number, if PAC		
Street Address 4029 E. Broad Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 8	D 2 0	Y 1 5	Amount 250.00	
Full Name of Contributor Florine Ruben					Registration Number, if PAC		
Street Address 500 S. Parkview Ave Apt 401		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 8	D 2 1	Y 1 5	Amount 100.00	
Full Name of Contributor Daniel Starek					Registration Number, if PAC		
Street Address 432 East Rich Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 1	Y 1 5	Amount 97.25	
Full Name of Contributor Tim Gallen					Registration Number, if PAC		
Street Address 3070 Elbern Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 8	D 2 5	Y 1 5	Amount 150.00	
Full Name of Contributor Steven Nichol					Registration Number, if PAC		
Street Address 2102 Charles Street, #F		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 8	D 2 5	Y 1 5	Amount 100.00	
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 0 8	D 2 5	Y 1 5	Amount 150.00	
Full Name of Contributor Hillard Abroms					Registration Number, if PAC		
Street Address 753 South Front Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 8	D 2 5	Y 1 5	Amount 250.00	
Full Name of Contributor Judy Goldstein					Registration Number, if PAC		
Street Address 341 East Weisheimer Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 4	D 1 6	Y 1 5	Amount 50.00	

* 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)]