

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Fay Ruben					Registration Number, if PAC		
Street Address 2785 Bexley Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 7	D 2 2	Y 1 5	Amount 50.00	
Full Name of Contributor Jim Tekely					Registration Number, if PAC		
Street Address 50500 Green Valley Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City St. Clairsville	State O H	Zip Code 43950	M 0 7	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor David Goldstein					Registration Number, if PAC		
Street Address 155 S. Broadleigh		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 8	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Jack Stover					Registration Number, if PAC		
Street Address 1350 W. 5th Ave Suite 320		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 8	D 1 3	Y 1 5	Amount 250.00	
Full Name of Contributor Ruth Farthing					Registration Number, if PAC		
Street Address 602 E. Weisheimer		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 8	D 1 4	Y 1 5	Amount 30.00	
Full Name of Contributor Adam Nemann					Registration Number, if PAC		
Street Address 306 Zander Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 8	D 1 8	Y 1 5	Amount 250.00	
Full Name of Contributor Stephen Skilken					Registration Number, if PAC		
Street Address 303 S. 3rd Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 8	Y 1 5	Amount 150.00	
Full Name of Contributor Donald Garlikov					Registration Number, if PAC		
Street Address 251 South Dawson Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43209	M 0 8	D 2 0	Y 1 5	Amount 486.25	

* 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)]

Page Total \$ 1,416.25