

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Nelson for Judge</b>							
Full Name of Contributor <b>Scott Ziance</b>					Registration Number, if PAC		
Street Address <b>270 N. Cassingham Rd.</b>		Employer/Occupation/Labor Organization* <b>Scott, Scriven &amp; Wahoff</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>0   8</b>	D <b>0   5</b>	Y <b>1   4</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Karen Smith</b>					Registration Number, if PAC		
Street Address <b>6765 Upper Brook Way</b>		Employer/Occupation/Labor Organization* <b>Bricker Eckler</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>0   8</b>	D <b>1   8</b>	Y <b>1   4</b>	Amount <b>600.00</b>	
Full Name of Contributor <b>Douglas Preisse</b>					Registration Number, if PAC		
Street Address <b>41 S. High Street</b>		Employer/Occupation/Labor Organization* <b>VanMeter, Ashbrook &amp; Assoc</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   8</b>	D <b>1   4</b>	Y <b>1   4</b>	Amount <b>600.00</b>	
Full Name of Contributor <b>John McGough</b>					Registration Number, if PAC		
Street Address <b>329 Safreed Way</b>		Employer/Occupation/Labor Organization* <b>McGough Court Reporting</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0   8</b>	D <b>1   5</b>	Y <b>1   4</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Miriam Portman</b>					Registration Number, if PAC		
Street Address <b>142 S. Remington Rd.</b>		Employer/Occupation/Labor Organization* <b>C'bus Cntr for Womens Health Research</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>0   8</b>	D <b>2   6</b>	Y <b>1   4</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Bricker &amp; Eckler State PAC</b>					Registration Number, if PAC <b>OH821</b>		
Street Address <b>100 S. Third Street</b>		Employer/Occupation/Labor Organization* <b>PAC</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   8</b>	D <b>1   1</b>	Y <b>1   4</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Carol Norris</b>					Registration Number, if PAC		
Street Address <b>10442 Hoover Woods Rd.</b>		Employer/Occupation/Labor Organization* <b>Ohio Health</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Galena</b>	State <b>O   H</b>	Zip Code <b>43021</b>	M <b>0   8</b>	D <b>3   0</b>	Y <b>1   4</b>	Amount <b>700.00</b>	
Full Name of Contributor					Registration		
Street Address		Employer/Occupation/Labor Organization*			<b>*\$100.00 reimbursed to Ms. Norris per check #1018 see pg #18</b>		
City	State	Zip Code	M	D	Y		

\* 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)]