

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | |
|---|-----------------------|--|-------------------|-----------------------------|---|-------------------------|
| Name of Committee in Full Doucher for Judge Committee | | | | | | |
| Full Name of Contributor Jay Eggspuehler | | | | Registration Number, if PAC | | |
| Street Address 7250 Coffman Rd | | Employer/Occupation/Labor Organization* Attorney | | | Form (Cash, Check, etc.) Electronic | |
| City Dublin | State O H | Zip Code 43017 | M 0 1 | D 0 6 | Y 1 0 | Amount 100.00 |
| Full Name of Contributor Daniel Bringardner | | | | Registration Number, if PAC | | |
| Street Address 187 S Broadleigh Rd | | Employer/Occupation/Labor Organization* Attorney | | | Form (Cash, Check, etc.) Electronic | |
| City Columbus | State O H | Zip Code 43209 | M 0 1 | D 0 6 | Y 1 0 | Amount 10.00 |
| Full Name of Contributor Michael J Kelley | | | | Registration Number, if PAC | | |
| Street Address 4154 Stargrass Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Electronic | |
| City Hilliard | State O H | Zip Code 43026 | M 0 1 | D 0 8 | Y 1 0 | Amount 10.00 |
| Full Name of Contributor Richard D. Bringardner | | | | Registration Number, if PAC | | |
| Street Address 4836 Lytfield Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dublin | State O H | Zip Code 43017 | M 0 1 | D 1 0 | Y 1 0 | Amount 10.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount |

* 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 \$ 130.00