

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                     |                       |                                         |                   |                   |                                                |                         |  |
|-----------------------------------------------------|-----------------------|-----------------------------------------|-------------------|-------------------|------------------------------------------------|-------------------------|--|
| Name of Committee in Full<br><b>Ebner for Judge</b> |                       |                                         |                   |                   |                                                |                         |  |
| Full Name of Contributor<br><b>Neil Barkan</b>      |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>81 South 4th St, Site 300</b>  |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>       |                         |  |
| City<br><b>Columbus</b>                             | State<br><b>O   H</b> | Zip Code<br><b>43215</b>                | M<br><b>0   9</b> | D<br><b>2   4</b> | Y<br><b>1   5</b>                              | Amount<br><b>150.00</b> |  |
| Full Name of Contributor<br><b>David Glisson</b>    |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>7 Alban Mews</b>               |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>       |                         |  |
| City<br><b>New Albany</b>                           | State<br><b>O   H</b> | Zip Code<br><b>43054</b>                | M<br><b>0   9</b> | D<br><b>0   1</b> | Y<br><b>1   5</b>                              | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Jonathan Stern</b>   |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>6406 Teapot Lane</b>           |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Reynoldsburg</b>                         | State<br><b>O   H</b> | Zip Code<br><b>43068</b>                | M<br><b>0   9</b> | D<br><b>3   0</b> | Y<br><b>1   5</b>                              | Amount<br><b>24.31</b>  |  |
| Full Name of Contributor<br><b>Tod Friedman</b>     |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>356 S. Parkview</b>            |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Bexley</b>                               | State<br><b>O   H</b> | Zip Code<br><b>43209</b>                | M<br><b>1   0</b> | D<br><b>0   6</b> | Y<br><b>1   5</b>                              | Amount<br><b>243.12</b> |  |
| Full Name of Contributor<br><b>Robert Dean</b>      |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>449 Allanby Court</b>          |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Credit Card</b> |                         |  |
| City<br><b>Columbus</b>                             | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                | M<br><b>1   0</b> | D<br><b>0   8</b> | Y<br><b>1   5</b>                              | Amount<br><b>24.31</b>  |  |
| Full Name of Contributor<br><b>Mary Dixon</b>       |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>847 Eastchester Drive</b>      |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>       |                         |  |
| City<br><b>Gahanna</b>                              | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                | M<br><b>1   0</b> | D<br><b>1   3</b> | Y<br><b>1   5</b>                              | Amount<br><b>10.00</b>  |  |
| Full Name of Contributor<br><b>Elie Sneward</b>     |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>2760 Berwick Blvd</b>          |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>       |                         |  |
| City<br><b>Columbus</b>                             | State<br><b>O   H</b> | Zip Code<br><b>43209</b>                | M<br><b>1   0</b> | D<br><b>1   3</b> | Y<br><b>1   5</b>                              | Amount<br><b>150.00</b> |  |
| Full Name of Contributor<br><b>Joshua Greenberg</b> |                       |                                         |                   |                   | Registration Number, if PAC                    |                         |  |
| Street Address<br><b>36 S. Ardmore Road</b>         |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>       |                         |  |
| City<br><b>Columbus</b>                             | State<br><b>O   H</b> | Zip Code<br><b>43209</b>                | M<br><b>1   0</b> | D<br><b>0   5</b> | Y<br><b>1   5</b>                              | Amount<br><b>50.00</b>  |  |

\* 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)]