

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SENATOR FOR JUDGE													
Full Name of Contributor JOHN STOCK						Registration Number, if PAC							
Street Address 41 S. High St			Employer/Occupation/Labor Organization ATTNY			Form (Cash, ☒ Check, etc.)							
City COLS		State OH		Zip Code 43215		M 06		D 13		Y 16		Amount 150⁰⁰	
Full Name of Contributor Kenneth Krebs						Registration Number, if PAC							
Street Address 4100 Regent			Employer/Occupation/Labor Organization ATTNY			Form (Cash, ☒ Check, etc.)							
City COLS		State OH		Zip Code 43215		M 06		D 17		Y 16		Amount 150⁰⁰	
Full Name of Contributor ANGIE ALBERT						Registration Number, if PAC							
Street Address 536 S High			Employer/Occupation/Labor Organization ATTNY			Form (Cash, ☒ Check, etc.)							
City COLS		State OH		Zip Code 43215		M 06		D 22		Y 16		Amount 250⁰⁰	
Full Name of Contributor FIFTH THIRD						Registration Number, if PAC							
Street Address W. FIFTH			Employer/Occupation/Labor Organization Adjustment ENDOR			Form (Cash, ☒ Check, etc.)							
City COLS.		State OH		Zip Code 43212		M 06		D 22		Y 16		Amount 250⁰⁰	
Full Name of Contributor TIM MADISON						Registration Number, if PAC							
Street Address 52 Whittier			Employer/Occupation/Labor Organization ATTNY			Form (Cash, ☒ Check, etc.)							
City COLS.		State OH		Zip Code 43206		M 07		D 05		Y 16		Amount 100⁰⁰	
Full Name of Contributor FIFTH THIRD (SENATOR)						Registration Number, if PAC							
Street Address W. FIFTH			Employer/Occupation/Labor Organization REIMBURSE TRANSFER ENDOR			Form (Cash, ☒ Check, etc.)							
City COLS		State OH		Zip Code 43215		M 07		D 05		Y 16		Amount 75⁰⁰	
Full Name of Contributor BRANT POLING						Registration Number, if PAC							
Street Address 300 E. BROAD ST			Employer/Occupation/Labor Organization ATTNY			Form (Cash, ☒ Check, etc.)							
City COLS		State OH		Zip Code 43215		M 07		D 25		Y 16		Amount 250⁰⁰	
Full Name of Contributor BOB Behal						Registration Number, if PAC							
Street Address 501 S High			Employer/Occupation/Labor Organization ATTNY			Form (Cash, ☒ Check, etc.)							
City COLS		State OH		Zip Code 43215		M 07		D 25		Y 16		Amount 250	

* 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 also appear. [R.C. 3517.10(B)(4)]