## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Fall Name of Contributor   Bobb Branch   Bimployer/Occupation/Labor Organization*   Size   Zip Code   M   D   Y   Amount	THE COMMITTEE TO ELECT DORRIS FOR JUDGE   Registration N		·			
Full Name of Contributor   MARK LEVY   Street Address   Employer/Occupation/Labor Organization*   PAC   PAYPAL	Registration N   MARK LEVY   Street Address   Employer/Occupation/Labor Organization*   Registration N   MARK LEVY   Street Address   223 ABBOTT AVE   State   Zip Code   M   D   D   Z   Registration N   Registration N   Registration N   M   D   D   Z   Registration N   M   D   D   Z   Registration N   M   D   D   D   Z   Registration N   M   D   D   D   Z   Registration N   M   D   D   D   D   D   D   D   D   D					
Street Address	MARK LEVY   State   Zip Code   M   D   Zip Code   Zip Code   M   D   Zip Code   Zip Code   M   D   Zip Code					
Suret Address   Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*	Number, if I	PAC			
PAYPAL   PAYPAL   PAYPAL	State					
State	State   Zip Code   M   D   D   D   D   D   D   D   D   D		Form (Cash, Check, etc.)			
State	WORTHINGTON		PAYPAL			
Full Name of Courtibutor   BOB BRAUER	Full Name of Contributor	Y				
Full Name of Contributor   BOB BRAUER	Full Name of Contributor   Registration N   Registration N	5 0 6	48.25			
Employer/Occupation/Labor Organization*	Street Address					
A85 S. PARKVIEW #312	A85 S. PARKVIEW #312   State   Zip Code   O   H   43209   1   0   2					
ABS S. PARKVIEW #312   State   Zip Code   M   D   Y   Amount	State		Form (Cash, Check, etc.)			
State   Zip Code   M   D   Y   Amount	State		· ·			
COLUMBUS	COLUMBUS	Ιγ				
Full Name of Constributor PATRICIA S. INMAN    Employer/Occupation/Labor Organization*	Full Name of Contributor	1 .				
PATRICIA S. INMAN   Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   CHECK 4446	PATRICIA S. INMAN  Street Address 373 OLENTANGY FOREST DR  City COLUMBUS O   H 43214 O   6 1   Full Name of Contributor JOHN A. WEIS  Street Address 9684 WATERLOO EASTERN RD  City CANAL WINCHESTER O   H 43110 City CANAL WINCHESTER O   H 43110 City COLUMBUS  Street Address 1939 RAMBLEBRANCH DR.  City COLUMBUS  Full Name of Contributor MARGARET HEALY  Street Address 6688 STEINBECK CT  City NORTH RIDGEVILLE O   H 4404 CO   H					
Employer/Occupation/Labor Organization*	Street Address   State   Zip Code   M   D   O   D   D	14	NO.			
State   Zip Code   M   D   Y   Amount	State	•	Form (Cash Check etc.)			
State   Zip Code   M   D   Y   Amount	State		. , , , ,			
COLUMBUS	COLUMBUS	- I v				
Full Name of Contributor   JOHN A. WEIS	Full Name of Contributor	- 1				
Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)	Street Address					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address   9684 WATERLOO EASTERN RD	vuiiioei, ii i	AC			
State	State		To (0 1 0 1 1 )			
City CANAL WINCHESTER O   H   43110	State	Employer/Occupation/Labor Organization*				
CANAL WINCHESTER	CANAL WINCHESTER	1 37				
Full Name of Contributor	Registration N					
HEATHER S. REED   Street Address	HEATHER S. REED   Street Address					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Number, if P	AC			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1939 RAMBLEBRANCH DR.   State					
City Columbus State Zip Code M D Y Amount COLUMBUS O H 43220 $1 \mid 1 \mid 0 \mid 1 \mid 0 \mid 6$ 55.00 Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) CHECK 3169 City State Zip Code M D Y Amount NORTH RIDGEVILLE O H 4404 $1 \mid 0 \mid 0 \mid 5 \mid 0 \mid 6$ 200.00 Full Name of Contributor A. M. STEPHENSON Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) CHECK 6314 CHECK 6314	State					
COLUMBUS         O H 43220         1 1 0 1 0 6         55.00           Full, Name of Contributor MARGARET HEALY         Registration Number, if PAC           Street Address 6688 STEINBECK CT         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.)           City NORTH RIDGEVILLE         State Zip Code D H 4404         M D Y Amount D N Amount D D D D D D D D D D D D D D D D D D D	COLUMBUS         O   H   43220         1   1   0             Full, Name of Contributor         Registration No.           MARGARET HEALY         Employer/Occupation/Labor Organization*           City         State   Zip Code   M   D   D             NORTH RIDGEVILLE         O   H   4404   1   0   0             Full Name of Contributor   A. M. STEPHENSON         Registration No.           Street Address   Employer/Occupation/Labor Organization*           160 E. PACEMONT RD.         City   State   Zip Code   M   D   D   T   T   T   T   T   T   T   T					
Full Name of Contributor  MARGARET HEALY  Street Address  6688 STEINBECK CT  City  NORTH RIDGEVILLE  O H 4404  Street Address  A. M. STEPHENSON  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  CHECK 3169  A mount  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  CHECK 3169  CHECK 6314	Full Name of Contributor  MARGARET HEALY  Street Address  6688 STEINBECK CT  City  NORTH RIDGEVILLE  Full Name of Contributor  A. M. STEPHENSON  Street Address  160 E. PACEMONT RD.  City  COLUMBUS  Full Name of Contributor  Registration North Address  COLUMBUS  Full Name of Contributor  Registration North Address  Employer/Occupation/Labor Organization*  Columbus  State  City  COLUMBUS  Full Name of Contributor  Registration North Address  COLUMBUS  Full Name of Contributor  Registration North Address  COLUMBUS  Registration North Address  Registration North Address  Columbus  Registration North Address  Columbus  Registration North Address  Columbus  Registration North Address  Registration N					
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Street Address $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address $6688  STEINBECK  CT$ City $NORTH  RIDGEVILLE$ Full Name of Contributor $A.  M.  STEPHENSON$ Street Address $160  E.  PACEMONT  RD.$ City $COLUMBUS$ Full Name of Contributor $COLUMBUS$ Employer/Occupation/Labor Organization* $COLUMBUS$ Full Name of Contributor $COLUMBUS$ Employer/Occupation/Labor Organization* $COLUMBUS$ Full Name of Contributor $COLUMBUS$ Registration No.	regionation number, if the				
State   Zip Code   M   D   Y   Amount	State   Zip Code   M   D					
City State Zip Code M D Y Amount NORTH RIDGEVILLE O H $4404$ $1 \mid 0 \mid 0 \mid 5 \mid 0 \mid 6$ 200.00 Full Name of Contributor A. M. STEPHENSON Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) CHECK 6314	City State Zip Code M D $1 \mid 0 \mid 0$   Registration No A. M. STEPHENSON   Employer/Occupation/Labor Organization*   State Zip Code O H 4404   $1 \mid 0 \mid 0$   Registration No A. M. STEPHENSON   Employer/Occupation/Labor Organization*   City State Zip Code M D COLUMBUS O H 43202   $1 \mid 0 \mid 1$   Registration No Registrati	Simple of State Labor Organization				
NORTH RIDGEVILLE  O   H   4404   1   0   0   5   0   6   200.00  Full Name of Contributor  A. M. STEPHENSON  Street Address  160 E. PACEMONT RD.  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  CHECK 6314	NORTH RIDGEVILLE		CHECK 3169			
Full Name of Contributor  A. M. STEPHENSON  Street Address  160 E. PACEMONT RD.  Registration Number, if PAC  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  CHECK 6314	Full Name of Contributor  A. M. STEPHENSON  Street Address  160 E. PACEMONT RD.  City  COLUMBUS  Full Name of Contributor  Registration No.  State Zip Code M D  O H 43202  T 0 1   3  Registration No.					
Full Name of Contributor  A. M. STEPHENSON  Street Address  160 E. PACEMONT RD.  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  CHECK 6314	Registration No.   Registration No.   Registration No.	5 0 6	200.00			
Street Address  160 E. PACEMONT RD.  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  CHECK 6314	Street Address Employer/Occupation/Labor Organization*					
160 E. PACEMONT RD. CHECK 6314	160 E. PACEMONT RD.         City       State       Zip Code       M       D         COLUMBUS       O   H       43202       1   0   1   3         Full Name of Contributor       Registration No.					
	City         State         Zip Code         M         D           COLUMBUS         O   H         43202         1   0   1             Full Name of Contributor         Registration No.	_	Form (Cash, Check, etc.)			
	COLUMBUS O H 43202 1 0 1   Registration No.		CHECK 6314			
State   Zip Code   M   D   Y   Amount	Full Name of Contributor Registration No.	Y	Amount			
COLUMBUS O   H   43202   1   0   1   3   0   6   100.00	Full Name of Contributor Registration No	3/0/6	100.00			
12 0 2 0 0	Street Address Employer/Occupation/Labor Organization*					
	Street Address Employer/Occupation/Labor Organization*					
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
City State Zip Code M D Y Amount	City State Zip Code M D	Y	Amount			
			0.00			

Page Total \$	653.25

<sup>\*</sup> 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)]