

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR Judge													
Full Name of Contributor Chad Hemminger						Registration Number, if PAC							
Street Address 885 Philadelphia Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Westerville		State OHIO		Zip Code 43081		M 04		D 03		Y 14		Amount 50.00	
Full Name of Contributor James & Debra Leickly						Registration Number, if PAC							
Street Address 114 Misty Oak Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State OHIO		Zip Code 43230		M 04		D 03		Y 14		Amount 50.00	
Full Name of Contributor Andrew Cecil						Registration Number, if PAC							
Street Address 6724 Lakeview Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Canal Winchester		State OHIO		Zip Code 43110		M 04		D 03		Y 14		Amount 100.00	
Full Name of Contributor John P. Johnson						Registration Number, if PAC							
Street Address 501 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OHIO		Zip Code 43215		M 04		D 03		Y 14		Amount 100.00	
Full Name of Contributor Frank Reed JR						Registration Number, if PAC							
Street Address 10 W. Broad St, Ste 230			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OHIO		Zip Code		M 04		D 03		Y 14		Amount 50.00	
Full Name of Contributor Sunbury Law offices						Registration Number, if PAC							
Street Address 250 Civic Center Dr, Ste 600			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OHIO		Zip Code 43215		M 04		D 03		Y 14		Amount 200.00	
Full Name of Contributor Probst Law office						Registration Number, if PAC							
Street Address 85 E. Gay St., Ste 608			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OHIO		Zip Code 43215		M 04		D 03		Y 14		Amount 75.00	
Full Name of Contributor Rich Rose						Registration Number, if PAC							
Street Address 234 Nursery Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH						
City Columbus		State OHIO		Zip Code 43206		M 04		D 03		Y 14		Amount 20.00	

* 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)]