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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					ing processing the second		
Doucher for Judge Committee							
Full Name of Contributor				Registration Number, if PAC			
Jay Eggspuehler							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	)
7250 Coffman Rd	1 .	Attorney				Electronic	
City	State				Y	Amount	
Dublin	OH	43017	$\begin{bmatrix} M \\ 0 \mid 1 \end{bmatrix}$	0 6	1 0	100	.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Daniel Bringardner						1885 (Mille Market Market Carles con part & Marchine (Construction of the Construction	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	)
187 S Broadleigh Rd	Attorne	Attorney			,	Electronic	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O   H	43209	0 1			L	00.0
Full Name of Contributor		Registration Number, if				С	
Michael J Kelley		****		Samuel Company			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	)
4154 Stargrass Ct				~		Electronic	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	I O   H	43026			$1 \mid 0$		00.0
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Richard D. Bringardner	·			an enganteer-wayer ng			eleganistic protections
Street Address	Employer/Occup				Form (Cash, Check, etc.	)	
4836 Lytfield Dr				<del></del>	<b>,</b>	Check	
City	State	Zip Code	M	D	Y	Amount	100
Dublin	$O \mid H$	43017	0 1		WHEN PERSON NAMED IN	Control of the Contro	0.00
Full Name of Contributor			Registra	ttion Num	ber, if PA	.C	
Charles A. J. Janes	Emalessa /O	Employer/Occupation/Labor Organization*			AND SECURE OF SECURE ASSESSMENT	Form (Cash, Check, etc.	)
Street Address	Employer/Occup					in Cubi, Chon, oc.	,
Cita	State	Zip Code	Гм	D	Y	Amount	
MCCity	State	To Coulc	"		1		
Full Name of Contributor			Registra	tion Num	ber, if PA	i.C	
run Name of Controllor					,		
Street Address	Employer/Occup	L			Form (Cash, Check, etc.	.)	
	[ months on A not an analy						
City	State	Zip Code	М	D	ΙY	Amount	
g,		1					
Full Name of Contributor			Registra	tion Nur	ber, if PA	i.C	-
			-				
Street Address	Employer/Occu				Form (Cash, Check, etc.	.)	
City	State	Zip Code	М	D	Y	Amount	·
	Lancing and the same of the sa						
Full Name of Contributor Registration Number, if PA						ÅC	umana adoce se
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc	.)
City	State	Zip Code	М	D	Y	Amount	***************************************
	wide and general agreembly one	lidates. If contributor is self	Camployed the	o competio	n and the	name of the	

Page Total \$ 130.00

<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)]