

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Doucher for Judge Committee						
Full Name of Contributor Kimberley A. Doucher				Registration Number, if PAC		
Street Address 6065 Frantz Rd Ste 104		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc) Check	
City Dublin	State O H	Zip Code 43017	M 0 1	D 0 9	Y 0 9	Amount 50.00
Full Name of Contributor PayPal				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) Electronic	
City San Jose	State C A	Zip Code	M 0 2	D 0 2	Y 0 9	Amount 0.11
Full Name of Contributor Michele Shuster				Registration Number, if PAC		
Street Address 6530 West Campus Oval Ste 210		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc) Check	
City New Albany	State O H	Zip Code 43054	M 0 2	D 2 3	Y 0 9	Amount 100.00
Full Name of Contributor Stephen Miller				Registration Number, if PAC		
Street Address 5256 Redmond Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) Electronic	
City Hilliard	State O H	Zip Code 43026	M 0 1	D 0 4	Y 1 0	Amount 10.00
Full Name of Contributor Amy Thomas				Registration Number, if PAC		
Street Address 7203 Trillium Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) Electronic	
City Lewis Center	State O H	Zip Code 43035	M 0 1	D 0 4	Y 1 0	Amount 50.00
Full Name of Contributor Ira Shakeri				Registration Number, if PAC		
Street Address 4198 Borge Way		Employer/Occupation/Labor Organization* Time Warner Cable			Form (Cash, Check, etc) Electronic	
City Dublin	State O H	Zip Code 43017	M 0 1	D 0 4	Y 1 0	Amount 500.00
Full Name of Contributor Helen MacMurray				Registration Number, if PAC		
Street Address 5692 Sugarwood Dr		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc) Electronic	
City New Albany	State O H	Zip Code 43054	M 0 1	D 0 5	Y 1 0	Amount 100.00
Full Name of Contributor Alvin Tucker				Registration Number, if PAC		
Street Address 1099 Bayboro Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) Electronic	
City New Albany	State O H	Zip Code 43054	M 0 1	D 0 5	Y 1 0	Amount 10.00

* 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 appear [R C 3517 10(B)(4)]