

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Paul Schrader					Registration Number, if PAC		
Street Address 594 City Park Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 1	Y 1 5	Amount 50.00	
Full Name of Contributor Nelson Genshaft					Registration Number, if PAC		
Street Address 121 East Whittier Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 0	D 1 3	Y 1 5	Amount 50.00	
Full Name of Contributor Roger Koeck					Registration Number, if PAC		
Street Address 6257 Emberwood Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 0	D 1 3	Y 1 5	Amount 50.00	
Full Name of Contributor Janice Flowers					Registration Number, if PAC		
Street Address 4449 East Way Floor 2		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 1 0	D 0 7	Y 1 5	Amount 100.00	
Full Name of Contributor Sallynda Dennison					Registration Number, if PAC		
Street Address 500 South Front Street, Suite 102		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 4	Y 1 5	Amount 150.00	
Full Name of Contributor Timothy Madison					Registration Number, if PAC		
Street Address 127 S. Dawson Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 1 2	Y 1 5	Amount 100.00	
Full Name of Contributor Jeffrey Baker					Registration Number, if PAC		
Street Address 272 Ashbourne Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1 0	D 1 3	Y 1 5	Amount 250.00	
Full Name of Contributor Mark Levy					Registration Number, if PAC		
Street Address 223 Abbot Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 1 3	Y 1 5	Amount 50.00	

* 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)]