1 460

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Ebner for Judge							
Full Name of Contributor			Degister	tion Numi	hor if DA	<u></u>	
Tony Selimi			Registra	iion i van	oci, ii i A	C	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	rk etc)
258 E. Deshler Ave	ishtpioyen/occup	attouraum Organization				Check	ack, etc.)
City	State	Zip Code	Тм	D	Ιγ	Amount	
Columbus	OH	43206	1 2	l .	1 5	Anoun	300.00
Full Name of Contributor	10 11	1 43200		tion Num		<u> </u>	300.00
			Registra	tion 14th	oci, ii i A	C	
Amy Weis Street Address	Employar/Ossun	etion/I abor Organization#				Form (Cash, Che	oli ata \
	Employer/Occupation/Labor Organization*				Check		
22 E. Gay Street, Suite 301	State	Zip Code	Гм	D	Ιγ	Amount	
		1 ⁻		l .		Amoun	250.00
Columbus Full Name of Contributor	OH	43215	1 2	tion Num	1 5	Ċ	250.00
			Kegistra	non num	DCF, IF PA	C	
Edward Leonard Street Address	F1(O	-4117-k				Form (Cash, Che	-I \
	Employer/Cecup	ation/Labor Organization*					xck, etc.)
146 Granville Street, Suite D	F1-1-	Zip Code	- T	1 15	T V	Check	
	State O H		M	D	Y	Amount	200.00
Gahanna Full Name of Contributor	O H	43230	1 2		1 5		300.00
			Kegistra	tion Num	ber, ii PA	C	
Steven Mathless	F 1 70					F (C1- C1-	-T4- X
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
495 E. Mound Street, Suite B		In a .	· · · · · · · · · · · · · · · · · · ·	T 6	1 5	Check	
City	State	Zip Code	M	D	Y	Amount	150.00
Columbus	O H	43215	1 2		1 5		150.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Jay Harris Leshner	la					E (0 L 0	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
336 S. High Street		In: o .	1 14	<u> </u>	1	Check	
City	State	Zip Code	M	D) Y	Amount	050.00
Columbus	OH	43215	1 2		1 5		250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Stephen Moyer	r					 	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
9 East Kossuth Street		*				Check	
City	State	Zip Code	M	D		Amount	400.00
Columbus	O H	43206	1 2		1 5	<u> </u>	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Troy Doucet							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ock, etc.)	
700 Stonehenge Parkway, Suite 2B				T -		Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	0 H	43017	1 2		15	<u> </u>	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	c	
Marty Midian							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
309 South Fourth Street, Suite 100						Check	
City	State	Zip Code	М	D	Y	Amount	0 =0 = -
Columbus	O H	43215	1 2	0 2	1 5	<u> </u>	250.00

* 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)]

Pa	ge	Total	\$ 1,700.00