

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Rocco Presutti						Registration Number, if PAC	
Street Address 7321 Skyline Drive East, Suite 203			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State O H	Zip Code 43235	M 0	D 2	Y 1 0 1 6	Amount 243.13	
Full Name of Contributor Laura Helmbrecht						Registration Number, if PAC	
Street Address 502 S. Third Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 1 6 1 6	Amount 100.00	
Full Name of Contributor Charles Schneider						Registration Number, if PAC	
Street Address 5633 Montridge Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 0	D 2	Y 1 6 1 6	Amount 100.00	
Full Name of Contributor J Harris Leshner						Registration Number, if PAC	
Street Address 336 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 1 6 1 6	Amount 200.00	
Full Name of Contributor Mark Ebner						Registration Number, if PAC	
Street Address 68 Preston Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43209	M 0	D 2	Y 2 0 1 6	Amount 200.00	
Full Name of Contributor Brett Kaufman						Registration Number, if PAC	
Street Address 125 Stanberry Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43209	M 0	D 2	Y 0 9 1 6	Amount 250.00	
Full Name of Contributor Nick Vassy						Registration Number, if PAC	
Street Address 145 East Rich Street, 2nd Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 1 9 1 6	Amount 100.00	
Full Name of Contributor Mark Glazman						Registration Number, if PAC	
Street Address 2725 Floribunda Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43209	M 0	D 2	Y 0 9 1 6	Amount 30.00	

* 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)]

Page Total \$ 1,223.13