

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Nelson for Judge							
Full Name of Contributor Douglas E. Graff					Registration Number, if PAC		
Street Address 604 E. Rich Street		Employer/Occupation/Labor Organization* Graff & McGovern LPA			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 9	Y 1 4	Amount 150.00	
Full Name of Contributor Frank J. Reed					Registration Number, if PAC		
Street Address 10 W. Broad Street		Employer/Occupation/Labor Organization* Frost Brown Todd LLC			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 9	Y 1 4	Amount 150.00	
Full Name of Contributor Chad Readler					Registration Number, if PAC		
Street Address 765 Park Street		Employer/Occupation/Labor Organization* Jones Day			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 9	Y 1 4	Amount 300.00	
Full Name of Contributor Ruth A. Newcomer					Registration Number, if PAC		
Street Address 2240 Coventry Road		Employer/Occupation/Labor Organization* self employed			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 9	Y 1 4	Amount 150.00	
Full Name of Contributor Valoria Hoover					Registration Number, if PAC		
Street Address 5972 Dunheath Loop		Employer/Occupation/Labor Organization* Hoover Law Offices			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43016	M 0 4	D 2 9	Y 1 4	Amount 50.00	
Full Name of Contributor Thomas J. Conger					Registration Number, if PAC		
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization* John Gerlach & Company			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 9	Y 1 4	Amount 150.00	
Full Name of Contributor Timothy A. Lecklider					Registration Number, if PAC		
Street Address 6305 Worsham Way		Employer/Occupation/Labor Organization* Ohio Attorney General's Office			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43016	M 0 4	D 2 9	Y 1 4	Amount 150.00	
Full Name of Contributor Thomas H. Mallory					Registration Number, if PAC		
Street Address 720 E. Broad Street		Employer/Occupation/Labor Organization* Mallory Law Office LLC			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 8	Y 1 4	Amount 300.00	

* 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 \$ 1,400.00