

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Nelson for Judge							
Full Name of Contributor William Wahoff						Registration Number, if PAC	
Street Address 250 E. Broad Street, Ste. 900			Employer/Occupation/Labor Organization* Scott, Scriven & Wahoff			Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43215	M 0   6	D 1   1	Y 1   4	Amount 100.00	
Full Name of Contributor Chris Coffin						Registration Number, if PAC	
Street Address 143 E. Whittier Street			Employer/Occupation/Labor Organization* Hilton Columbus Downtown			Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43206	M 0   6	D 1   2	Y 1   4	Amount 50.00	
Full Name of Contributor Gregory Lashutka						Registration Number, if PAC	
Street Address 729 Mohawk Street			Employer/Occupation/Labor Organization* Findley Davies			Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43215	M 0   6	D 1   2	Y 1   4	Amount 250.00	
Full Name of Contributor Donald Brey						Registration Number, if PAC	
Street Address 1280 Camelot Dr.			Employer/Occupation/Labor Organization* Taft, Stettinius & Hollister			Form (Cash, Check, etc.) check	
City Upper Arlington	State O   H	Zip Code 43220	M 0   6	D 2   3	Y 1   4	Amount 300.00	
Full Name of Contributor Thomas Hayden						Registration Number, if PAC	
Street Address 2640 Sherwood Rd.			Employer/Occupation/Labor Organization* Wells Fargo			Form (Cash, Check, etc.) check	
City Bexley	State O   H	Zip Code 43209	M 0   8	D 13	Y 1   4	Amount 150.00	
Full Name of Contributor James P. Garland						Registration Number, if PAC	
Street Address 2486 Bexley Park Rd.			Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check	
City Bexley	State O   H	Zip Code 43209	M 0   8	D 1   0	Y 1   4	Amount 250.00	
Full Name of Contributor P. Jonathan Meyer						Registration Number, if PAC	
Street Address 85 Stanbery Ave.			Employer/Occupation/Labor Organization* Stanbery Development			Form (Cash, Check, etc.) check	
City Bexley	State O   H	Zip Code 43209	M 0   8	D 0   7	Y 1   4	Amount 100.00	
Full Name of Contributor Michael Gonsiorowski						Registration Number, if PAC	
Street Address 2666 Brentwood Rd.			Employer/Occupation/Labor Organization* PNC Bank			Form (Cash, Check, etc.) check	
City Bexley	State O   H	Zip Code 43209	M 0   8	D 05   8	Y 1   4	Amount 100.00	

\* 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 \$ 1,300.00