



## Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee	Cill				
Committee to Re-elect Judge	GIII				
Full Name of Contributor Michael Harbin				Registration Number, if PAC	
Street Address	- Employer/	Occupation (Occ		<u> </u>	Trans (Cash Charle state)
35 E. Columbus St.	Employer/Occupation/Organization			Form (Cash, Check, etc.) PAYPAL	
City	State	Zip Code	M/D/Y		Amount
Columbus	OH	43206	03/06/1		\$50.00
Full Name of Contributor				Reg	istration Number, if PAC
Michael Harbin				<u> </u>	
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
35 E. Columbus St.					PAYPAL
City	State	Zip Code	M/D/Y	•	Amount
Columbus	OH	43205	03/06/1		\$25.00
Full Name of Contributor				Reg	istration Number, if PAC
Keith Dennis				L	· •
Street Address	Employer/	Employer/Occupation/Organization			Form (Cash, Check, etc.)
2546 Sherwin Road					PAYPAL
City	State	Zip Code	M/D/Y	_	Amount
Columbus	OH	43221	03/07/1		\$50.00
Full Name of Contributor				Reg	istration Number, if PAC
Robert Snedaker				<u> </u>	
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
3010 Hayden Road					PAYPAL
City	State	Zip Code	M/D/Y		Amount
Columbus	OH	43235	03/10/1		\$50.00
				Reg	istration Number, if PAC
Kathryn Bamberger *				<u> </u>	
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
1601 W. Fifth Ave., #35					CHECK
City	State	Zip Code	M/D/Y		Amount
Columbus	OH	43212	03/13/1		\$100.00
Full Name of Contributor				Reg	istration Number, if PAC
Barry Epstein				<u> </u>	
Street Address 580 S. High St, Ste 130	Employer/Occupation/Organization				Form (Cash, Check, etc.) CHECK
City	State	Zip Code	M/D/Y		Amount
Columbus	OH	43215	03/13/1	8	\$100.00
Full Name of Contributor	011	40210	00/10/1		istration Number, if PAC
Sean Mentel	<u> </u>				689
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
100 S. 4th Street; Ste 100	Employer/occopation/organization				CHECK
City	State	Zip Code	M/D/Y		Amount
Columbus	OH	43215	03/13/1	18	\$500.00
Full Name of Contributor	011	TOZIO	1 00/10/1		istration Number, if PAC
Douglas Warnock				""	
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
515 Pollock Road	Employer/ occopation/ Organization				CHECK
City	State	State Zip Code M/D/Y			Amount
Delaware	OH	43015	03/13/18 \$100.00		
Delawale		70010	00/10/	<u>.                                    </u>	ΤΨ100.00

\*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 also appear. [R.C. 3517.10(B)(4)]

\* Connotes court appointed expert or attorney/GAL list

\*\* Relative of court employee

Paae Total: 975