

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR JUDGE											
Full Name of Contributor MURRAY, MURRAY, MOUL & BASIL LLP						Registration Number, if PAC					
Street Address 1533 Lakeshore Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS			State OHIO		Zip Code 43204		M 05		D 23	Y 14	Amount 500⁰⁰
Full Name of Contributor Douglas R. Cole						Registration Number, if PAC					
Street Address 2545 Abington Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card					
City Upper Arlington			State OHIO		Zip Code 43221		M 06		D 02	Y 14	Amount 300⁰⁰
Full Name of Contributor ISAAC, WILES, BURKHOLDER & TEETOR						Registration Number, if PAC ISAC WILES PAC					
Street Address 2 Mrranova Place, Ste 700			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS			State OHIO		Zip Code 43215		M 06		D 05	Y 14	Amount 1,200⁰⁰
Full Name of Contributor BEBB TRUCKING LLC						Registration Number, if PAC					
Street Address 20875 JUSTUS RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City Williamsport			State OHIO		Zip Code 43164		M 06		D 05	Y 14	Amount 600⁰⁰
Full Name of Contributor THOMAS TANEFF						Registration Number, if PAC					
Street Address 600.5 High Street, Ste 201			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK					
City COLUMBUS			State OHIO		Zip Code 43215		M 06		D 05	Y 14	Amount 50⁰⁰
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City			State		Zip Code		M		D	Y	Amount
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City			State		Zip Code		M		D	Y	Amount
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City			State		Zip Code		M		D	Y	Amount

* 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)]