

2014 - Pre-PRIMARY
AMENDED

17.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
GONZALES FOR JUDGE							
Full Name of Contributor						Registration Number, if PAC	
Annette & Robert Buchbinder							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2322 Worthington Woods Blvd					Check		
City	State	Zip Code	M	D	Y	Amount	
Powell	OH	43065	0	3	20	14	100.00
Full Name of Contributor						Registration Number, if PAC	
Bruce & Carol Merriman							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3330 Walker Rd					check		
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	0	3	20	14	300.00
Full Name of Contributor						Registration Number, if PAC	
Mitzi Plymale							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
250 Civic Center Dr.					check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	4215	0	3	20	14	200.00
Full Name of Contributor						Registration Number, if PAC	
Terry L. Thomas, DDS., JD.							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5969 Dunabbey Loop					check		
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	0	3	20	14	150.00
Full Name of Contributor						Registration Number, if PAC	
Pamela Boyd							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
P.O. BOX 203					Credit card on line		
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43086	0	3	22	14	100.00
Full Name of Contributor						Registration Number, if PAC	
Brett Swartz							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
108 Kildare Street					Credit card on line		
City	State	Zip Code	M	D	Y	Amount	
Granville	OH	43023	0	3	28	14	100.00
Full Name of Contributor						Registration Number, if PAC	
Nicki chodnoff							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
156 S. Gould Rd					Credit card on line		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43209	0	3	31	14	50.00
Full Name of Contributor						Registration Number, if PAC	
Vorys, Sater, Seymour & Pease							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
52 E. Gay St.					check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	0	4	03	14	3600.00

* 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)]

Page Total \$ 4600.00