31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Ebner for Judge							
Full Name of Contributor						Registration Number, if PAC	
Lawrence Levinson							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4477 Ackerly Farm Road							Check
City	State	Zip Code	M	D	Y		Amount
New Albany	O | H	43054	10	15	15		50.00
Full Name of Contributor						Registration Number, if PAC	
Paul Leithart							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
575 S. Third Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43215	10	14	15		250.00
Full Name of Contributor						Registration Number, if PAC	
John Johnson							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
501 S. High Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43215	10	27	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Marcie Golden							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
184 N. Merkle Road							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43209	10	19	15		25.18
Full Name of Contributor						Registration Number, if PAC	
Keith Golden							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
923 East Broad Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43205	10	20	15		175.00
Full Name of Contributor						Registration Number, if PAC	
Stacie Baker							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
193 Prairiecreek Way							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43213	10	27	15		25.00
Full Name of Contributor						Registration Number, if PAC	
David Leland							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
367 East Broad Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43205	10	25	15		250.00
Full Name of Contributor						Registration Number, if PAC	
Robert Behal							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2531 Brentwood Drive							Check
City	State	Zip Code	M	D	Y		Amount
Bexley	O | H	43209	10	26	15		150.00

* 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 $ 1,025.18