

## Statement of Contributions Received -

Prescribed by Secretary of State 03/05

|                                                        |                    |                                         |               |               |               |                                          |  |
|--------------------------------------------------------|--------------------|-----------------------------------------|---------------|---------------|---------------|------------------------------------------|--|
| Name of Committee in Full<br><b>GONZALES FOR JUDGE</b> |                    |                                         |               |               |               |                                          |  |
| Full Name of Contributor<br><b>STEPHEN A. MOYER</b>    |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>6750 Sunbury Rd.</b>              |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>Westerville</b>                             | State<br><b>OH</b> | Zip Code<br><b>43082</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>100<sup>00</sup></b>        |  |
| Full Name of Contributor<br><b>TODD D. JACKSON</b>     |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>327 Wildwood Dr.</b>              |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>WESTERVILLE</b>                             | State<br><b>OH</b> | Zip Code<br><b>43081</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>50<sup>00</sup></b>         |  |
| Full Name of Contributor<br><b>DAVID W. FREELAND</b>   |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>1699 Park Row Dr.</b>             |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>COLUMBUS</b>                                | State<br><b>OH</b> | Zip Code<br><b>43235</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>100<sup>00</sup></b>        |  |
| Full Name of Contributor<br><b>KATHLEEN COCUZZI</b>    |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>1029 BLUESAIL Dr.</b>             |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>WESTERVILLE</b>                             | State<br><b>OH</b> | Zip Code<br><b>43081</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>50<sup>00</sup></b>         |  |
| Full Name of Contributor<br><b>CHARLES T. BEDFORD</b>  |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>P.O BOX 2597</b>                  |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>WESTERVILLE</b>                             | State<br><b>OH</b> | Zip Code<br><b>43086</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>300<sup>00</sup></b>        |  |
| Full Name of Contributor<br><b>GINA LINES</b>          |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>482 BELLFREY Dr.</b>              |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>Westerville</b>                             | State<br><b>OH</b> | Zip Code<br><b>43082</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>300<sup>00</sup></b>        |  |
| Full Name of Contributor<br><b>MICHAEL KING FULTZ</b>  |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>452 S. OHERBEIN AVE</b>           |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>WESTERVILLE</b>                             | State<br><b>OH</b> | Zip Code<br><b>43081</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>100<sup>00</sup></b>        |  |
| Full Name of Contributor<br><b>DEBORAH J. MAXWELL</b>  |                    |                                         |               |               |               | Registration Number, if PAC              |  |
| Street Address<br><b>1109 BLUE HERON Dr.</b>           |                    | Employer/Occupation/Labor Organization* |               |               |               | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |
| City<br><b>WESTERVILLE</b>                             | State<br><b>OH</b> | Zip Code<br><b>43082</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>50<sup>00</sup></b>         |  |

\* 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)]