

Amended

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                |  |                                         |  |                                        |  |                             |  |
|------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|-----------------------------|--|
| Name of Committee in Full<br>Jung for Judge    |  | 10 JUL 19 AM 8:30                       |  | FRANKLIN COUNTY<br>BOARD OF ELECTIONS  |  | Registration Number, if PAC |  |
| Full Name of Contributor<br>Constantine Stamos |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)<br>Check      |  | Amount                      |  |
| Street Address<br>2638 Wicklow Rd              |  | City<br>Toledo                          |  | State<br>OH                            |  | Zip Code<br>43606           |  |
|                                                |  |                                         |  | M<br>0                                 |  | D<br>4                      |  |
|                                                |  |                                         |  | Y<br>20                                |  | Amount<br>25.00             |  |
| Full Name of Contributor<br>Richard Killworth  |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)<br>Check      |  | Amount                      |  |
| Street Address<br>205 Dell Park Ave            |  | City<br>Dixton                          |  | State<br>OH                            |  | Zip Code<br>45419           |  |
|                                                |  |                                         |  | M<br>0                                 |  | D<br>4                      |  |
|                                                |  |                                         |  | Y<br>20                                |  | Amount<br>200.00            |  |
| Full Name of Contributor<br>Kathleen Leazier   |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)<br>Check      |  | Amount                      |  |
| Street Address<br>5321 Pintail Pl.             |  | City<br>Fort Wayne                      |  | State<br>IN                            |  | Zip Code<br>46818           |  |
|                                                |  |                                         |  | M<br>0                                 |  | D<br>4                      |  |
|                                                |  |                                         |  | Y<br>20                                |  | Amount<br>100.00            |  |
| Full Name of Contributor<br>Andrew Owen        |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)<br>Check      |  | Amount                      |  |
| Street Address<br>395 meditation Ln            |  | City<br>Columbus                        |  | State<br>OH                            |  | Zip Code<br>43235           |  |
|                                                |  |                                         |  | M<br>0                                 |  | D<br>5                      |  |
|                                                |  |                                         |  | Y<br>10                                |  | Amount<br>100.00            |  |
| Full Name of Contributor<br>Geoffrey Bobbitt   |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)<br>Check      |  | Amount                      |  |
| Street Address<br>5513 Headleysmill Rd         |  | City<br>Batavia                         |  | State<br>OH                            |  | Zip Code<br>43102           |  |
|                                                |  |                                         |  | M<br>0                                 |  | D<br>5                      |  |
|                                                |  |                                         |  | Y<br>10                                |  | Amount<br>50.00             |  |
| Full Name of Contributor<br>Docile Jim Brady   |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)<br>Mastercard |  | Amount                      |  |
| Street Address<br>585 Brookside Dr.            |  | City<br>Columbus                        |  | State<br>OH                            |  | Zip Code<br>43209           |  |
|                                                |  |                                         |  | M<br>0                                 |  | D<br>5                      |  |
|                                                |  |                                         |  | Y<br>10                                |  | Amount<br>25.00             |  |
| Full Name of Contributor                       |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)               |  | Amount                      |  |
| Street Address                                 |  | City                                    |  | State                                  |  | Zip Code                    |  |
|                                                |  |                                         |  | M                                      |  | D                           |  |
|                                                |  |                                         |  | Y                                      |  | Amount                      |  |
| Full Name of Contributor                       |  | Employer/Occupation/Labor Organization* |  | Form (Cash, Check, etc.)               |  | Amount                      |  |
| Street Address                                 |  | 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)]