

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Sheward Committee									
Full Name of Contributor William A. Goldman						Registration Number, if PAC			
Street Address 500 South Frnt Street, Ste 1200				Employer/Occupation/Labor Organization* Goldman & Braunstein/Attorney				Form (Cash, Check, etc) check	
City Columbus				State OH		Zip Code 43215		M D Y 1 2 1 0 0 8 Amount \$250 00	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)	
City				State OH		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 OH		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 OH		Zip Code		M D Y Amount	
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City				State OH		Zip Code		M D Y Amount	
Full Name of Contributor						Registration Number, if PAC			
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City				State OH		Zip Code		M D Y Amount	
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City				State OH		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 OH		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)]

Page Total **\$250 00**