	4
Page	4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					************				
Doucher for Judge Committee									
Full Name of Contributor					Registration Number, if PAC				
Michael J Kelley									
Street Address	Employer/Occupation/Labor Organization*						negari daga kanalari da sanca	Form (Cash, Check, etc.)	
4154 Stargrass Ct	Attorney							Check	
City	State Zip Code			М	П	D	Y	Amount	
Hilliard	0	Н	43026	0	3	3 0	1 0	200.00	
Full Name of Contributor	C								
Worthington Republican Women									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
526 Haymore Avenue North								Check	
City	State Zip Code			M D Y				Amount	
Worthington	0	Н	43085	10	4	1 3	1 0	50.00	
Full Name of Contributor							ber, if PA		
Transferred from Form 31-E Event Date 3/2/2010									
Street Address	Employer/0	Оссира	tion/Labor Organization*					Form (Cash, Check, etc.)	
City	State	÷	Zip Code	М		D	Y	Amount	
						-		4,629.48	
Full Name of Contributor				Reg	istrat	ion Num	ber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	State	2	Zip Code	M		D	Y	Amount	
	-								
Full Name of Contributor	Americani de	***************************************		Reg	istrat	ion Nur	ber, if P	ΛC	
				Photograph					
Street Address	Employer/Occupation/Labor Organization*						Marie Constitution	Form (Cash, Check, etc.)	
		•							
City	State	e	Zip Code	M	[D	Y	Amount	
Full Name of Contributor	<u> </u>	and the second of the second o		Reg	istrat	ion Nun	ber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
	1 .	-							
City	State	e	Zip Code	M	ī	D	Y	Amount	
			•						
Full Name of Contributor				Reg	istra	tion Nun	ber, if Pa	AC	
an Amile of Controllor									
Street Address	Employer/Occupation/Labor Organization*				akan senin			Form (Cash, Check, etc.)	
Sact Made									
City	Stat	e	Zip Code	N	1	D	Y	Amount	
					1				
Full Name of Contributor				Res	zistra	tion Nun	nber, if P	AC	
I the Manie of Conditional					-		,		
Street Address	Employer/Occupation/Labor Organization*				en constant			Form (Cash, Check, etc.)	
Buce Addicas									
City	Stat	e	Zip Code	I	1	D	Y	Amount	
City	Stat	.~		1	-				
in a few contributions from individuals over \$100 to stotawide and gene	wal assamble	v oordi	dates If contributor is self-emp	loved	the c	occupatio	n and the	name of the	

Page Total \$ 4,879.48

^{*} 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)]