

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Judge O'Donnell							
Full Name of Contributor Colleen O'Donnell					Registration Number, if PAC		
Street Address 345 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor James C. Carpenter					Registration Number, if PAC		
Street Address 4540 Neiswander Square		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 1	D 2	Y 1	Amount \$100.00	
Full Name of Contributor Terrence O'Donnell					Registration Number, if PAC		
Street Address 65 S. Front St.		Employer/Occupation/Labor Organization* Supreme Court of Ohio			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 2	Amount \$300.00	
Full Name of Contributor Joseph Murray					Registration Number, if PAC		
Street Address 1750 Upper Chelsea Rd.		Employer/Occupation/Labor Organization* Murray Murphy Moul & Basil LLP/Attorney			Form (Cash, Check, etc.) credit card		
City Upper Arlington	State OH	Zip Code 43212	M 1	D 2	Y 2	Amount \$1,000.00	
Full Name of Contributor R. Kevin Kerns					Registration Number, if PAC		
Street Address 1902 Lakeshore Dr.		Employer/Occupation/Labor Organization* Law Offices of R. Kevin Kerns LLC/attorney			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43204	M 1	D 2	Y 2	Amount \$600.00	
Full Name of Contributor Michael R. Dawley					Registration Number, if PAC		
Street Address 7566 Lee Rd.		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check		
City Westerville	State OH	Zip Code 43081	M 1	D 2	Y 3	Amount \$150.00	
Full Name of Contributor total from form 31-F Nov. 17th fund raiser					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M 1	D 1	Y 7	Amount \$11,160.00	
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	

* 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)]