Statement of Contributions Received

Prescribed by Secretary of State 3/05

			·					
Name of Committee in Full								
Ebner for Judge				<u> </u>				
Name of Contributor Registration Number, if					ber, if PA	С		
David Rieser								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
2 Miranova Pl., Suite 710							Check	
City Columbus	O	nte H	Zip Code 43215	м 1 2	$\begin{vmatrix} \mathbf{D} \\ 0 \end{vmatrix} 3$	1 5	Amount	250.00
Full Name of Contributor	1 0		10210		ation Num		C	200.00
Mark Miller								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
555 City Park Avenue			· ·				Check	
City	Sta	atc	Zip Code	М	D	Y	Amount	
Columbus	Tot	Н	43215	112	0 3	1 5		100.00
Full Name of Contributor			40210				C	100.00
Full Name of Contributor Registration Number, if PAC Stuart Benis								
Street Address	Employe	r/Occuna	ntion/Labor Organization*	L			Form (Cash, Che	ck. etc.)
286 S. Liberty Street		Employer Companion Cagainzanon				Check		
City	St	ate	Zip Code	М	D	ΙÝ	Amount	
Powell		Н	43065	1 2	1 .	1 5		100.00
Full Name of Contributor	10		40000	_	ution Num		C	100.00
Jeffrey Mackey							~	
Street Address	Limplove	r/Occurs	ation/Labor Organization*				Form (Cash, Che	ck etc)
1538 Melrose Ave	Employer/Occupation/Labor Organization*				Check			
City	Sta		Zip Code	М	D	Y	Amount	
	1 _ (Н	43224	1 2	I .	1 5	Amoun	75.00
Columbus Full Name of Contributor	O	11	43224				C	75.00
Michael Shawn Dingus Street Address	Employe	-/Occurre	ation/Labor Organization*	<u> </u>			Form (Cash, Che	ak eta)
	Employe	госсира	dioirtaboi Oiganization				Check	ck, cic.)
250 Civic Center Drive, Suite 600	St	310	Zip Code	М	D	Y	Amount	
	ا ما	Н	43215	1 .	1 .	1 . !	Allouni	100.00
Columbus Full Name of Contributor	I O	11	43213		TO I S	1 5		100.00
				Registra	MION INUN	осі, в гл	C	
Phillip Templeton et Address							ok ato)	
500 S. Front Street, Suite 1200	Employer Occupation Labor Organization			Check				
City		ate	Zip Code	Тм	D	Y	Amount	
	1	Н	1	1 .	1 .	1 5	Allount	50.00
Columbus Full Name of Contributor	IO	11	43215	_	tion Num		C	50.00
				Registra	TOOL LAME	oci, ii r A	C	
Samual Weiner Street Address	limplana	r/Osaus	ation/Labor Organization	<u> </u>			Form (Cash, Cha	ok etc.)
743 S. Front Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City	- C4	ate	Zip Code	М	D	Y	Amount	
1 ⁻		H		I .	1 .		Alikount	250.00
Columbus Full Name of Contributor] ()	11	43206	1 2		1 5	C	250.00
Dennis Day Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						ok ato \		
	плироуси (денрановъздол улумизанон-			·				
330 S. High Street		nto.	IZin Codo	М	l n	ΙΥ	Check Amount	
Calumhus	I	ate H	Zip Code	1 .	D	1	MINORIT	E0 00
Columbus	10	11	43215	1 2	03	1 5	L	50.00

* 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)]

Page Total \$	975.00