

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor David Rieser					Registration Number, if PAC		
Street Address 2 Miranova Pl., Suite 710		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 250.00	
Full Name of Contributor Mark Miller					Registration Number, if PAC		
Street Address 555 City Park Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Stuart Benis					Registration Number, if PAC		
Street Address 286 S. Liberty Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Jeffrey Mackey					Registration Number, if PAC		
Street Address 1538 Melrose Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43224	M 1 2	D 0 3	Y 1 5	Amount 75.00	
Full Name of Contributor Michael Shawn Dingus					Registration Number, if PAC		
Street Address 250 Civic Center Drive, Suite 600		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Phillip Templeton					Registration Number, if PAC		
Street Address 500 S. Front Street, Suite 1200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 50.00	
Full Name of Contributor Samual Weiner					Registration Number, if PAC		
Street Address 743 S. Front Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 2	D 0 3	Y 1 5	Amount 250.00	
Full Name of Contributor Dennis Day					Registration Number, if PAC		
Street Address 330 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 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