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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N 00 / 10 / 10 / 10 / 10 / 10 / 10 / 10							
Name of Committee in Full							
Nelson for Judge Full Name of Contributor				Registration Number, if PAC			
Lane Alton & Horst			Registra	пон мши	bei, ii FA	C	
Street Address	Employer/Occup					eck, etc.)	
Two Miranova Place - Suite 500	Law Fire				check	eck, etc.)	
City	State	М	D	Y	Amount		
Columbus	O   H	Zip Code 43215	$0 \mid 4$		$1 \mid 4$	Amoun	150.00
Full Name of Contributor			tion Num		L	100.00	
Bailey Cavalieri			Rogistia	don raum	, n . m		
Street Address	Employer/Occup				Form (Cash, Ch	eck_etc.)	
10 W. Broad Street	Law Fire					,,	
City	State	М	M D Y				
Columbus	O   H	Zip Code 43215		018	1     4	Amount	500.00
Full Name of Contributor		10210		tion Numl		C	200.00
Sue Poehler					•		
Street Address	Employer/Occup					eck, etc.)	
327 Fallis Road	Poehler						
City	State	Zip Code	М	D	Y	check	
Columbus	OIH	43215	$0 \mid 4$	2 9	1   4		150.00
Full Name of Contributor	<u> </u>	1		tion Numl		Ċ	
Kevin R. McDermott							-
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck, etc.)
2073 Sandover Court	Barnes &						
City	State	Zip Code	М	D	Y	check Amount	
Columbus	$O \mid H$	43220	$0 \mid 4$	2 9	1   4		150.00
Full Name of Contributor				tion Num		С	
Michael P. Stickney							
Street Address	Employer/Occup	-				eck, etc.)	
1946 North High Street	Northste						
City	State	Zip Code	M	Ð	Y	Amount	
Columbus	OH	43201	0 4	2 9	$1 \mid 4$		150.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Charles R. Saxbe							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
65 East State Street Ste 1000	Taft Stettinius & Hollister L					check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43215		2 9			150.00
Full Name of Contributor	_			Registration Number, if PAC			
Willam M. Todd							
Street Address	Employer/Occup					eck, etc.)	
2417 Brentwood Road	Law Off		· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code	M	D	Y	Amount	
Bexley	OIH	43209	0 4		$1 \mid 4$		300.00
Full Name of Contributor			Registra	tion Numi	ber, if PA	.C	
Judith Y. Brachman	In 1 in				_	F (C. 1. 2)	-1
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Ch	eck, etc.)		
311 N. Drexel Ave.	retired				check		
City	State	Zip Code	M	D	Y	Amount	250.00
Columbus	$O \mid H$	43215	1014	2 9	$1 \mid 4$		250.00

Page Total \$ 1,800.00

<sup>\*</sup> 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)]