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Page	/
	CONTRACTOR

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					
Kimberley A. Doucher					,				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
6065 Frantz Rd Ste 104	Attorney					Check			
City	State	Zip Code	М	D	Y	Amount			
Dublin	$O \mid H$	43017	0 1	0 9	0 9	50.0	oo l		
Full Name of Contributor Registration Number, if PAC									
PayPal									
Street Address	Employer/Occupa	- Company			Form (Cash, Check, etc.)				
						Electronic			
City	State	Zip Code	M	D	Y	Amount	_		
San Jose	$C \mid A$		0 2	0 2	0 9	0.1	11		
Full Name of Contributor	1		things (thin seems make a supple	<u>elektronoccionomentoto</u>	ber, if PA	Continuo per que la comita de la comita del la comita della comita del			
Michele Shuster									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
6530 West Campus Oval Ste 210	Attorney					Check			
City	State	Zip Code	М	D	Y	Amount			
New Albany	$O \mid H$	43054	0 2	2 3	0 9	100.0	00		
Full Name of Contributor			Registra		ber, if PA	C	TO STATE OF THE PARTY OF THE PA		
Stephen Miller									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	2200		
5256 Redmond Ct	an and a second					Electronic			
City	State	Zip Code	M	D	Y	Amount			
Hilliard	O H	43026	0 1	04	$1 \mid 0 \mid$	10.0	<u> </u>		
Full Name of Contributor Registration Number, if PAC									
Amy Thomas									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
7203 Trillium Dr		magyanti piliti dan ayan ayan magamada garan karan kakan ing di ning akan kina kina kina kina kina kina kina		ngouwerenemen		Electronic			
City	State	Zip Code	М	D	Y	Amount			
Lewis Center	$O \mid H$	43035	0 1	0 4	SCHOOL STATE OF THE STATE OF TH	50.0	JU		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Ira Shakeri									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
4198 Borge Way	Таў сканах эта на права по на права на	arner Cable		alleccourants and a second	dománio em	Electronic	-		
City	State	Zip Code	M	D	Y	Amount	00		
Dublin	O H	43017			1 0		JU		
Full Name of Contributor			Registra	ition inum	ber, if PA	.C			
Helen MacMurray	F	· · · · · · · · · · · · · · · · · · ·	_			Form (Cash, Check, etc.)			
Street Address	Employer/Occupation/Labor Organization*					1			
5692 Sugarwood Dr	Attorney			T 75	TV	Electronic			
City Name A Haranay	State O H	Zip Code	M	D	Y	Amount 100.0	വ		
New Albany		43054	0 1	0 5			JU		
Full Name of Contributor Registration Number, if PAC									
Alvin Tucker eet Address						Form (Cash, Check, etc.)	alpunyasiakatia		
Street Address	Employer/Occupation/sauor Organization								
1099 Bayboro Dr City	State Zip Code M D Y			Electronic Amount					
	1	43054	$\begin{bmatrix} M \\ 0 \end{bmatrix}$ 1	0 5	1	10.0	വ		
New Albany				THE OWNER OF THE PERSONS			JU		

* 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 \$ 820.11