

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR Judge									
Full Name of Contributor Annette & Robert Buchbinder							Registration Number, if PAC		
Street Address 2322 Worthington Woods Blvd							Employer/Occupation/Labor Organization*		
City Powell							State OH		Zip Code 43065
M 03							D 20		Y 14
Form (Cash, Check, etc.) Check							Amount 100⁰⁰		
Full Name of Contributor Bruce & Carol Merriman							Registration Number, if PAC		
Street Address 3330 Walker Rd							Employer/Occupation/Labor Organization*		
City Hilliard							State OH		Zip Code 43026
M 03							D 20		Y 14
Form (Cash, Check, etc.) check							Amount 300⁰⁰		
Full Name of Contributor Mitzi Plymale							Registration Number, if PAC		
Street Address 250 Civic Center Dr.							Employer/Occupation/Labor Organization*		
City Columbus							State OH		Zip Code 4215
M 03							D 20		Y 14
Form (Cash, Check, etc.) check							Amount 200⁰⁰		
Full Name of Contributor Terry L. Thomas, O.D.S., JD.							Registration Number, if PAC		
Street Address 5969 Dunabbey Loop							Employer/Occupation/Labor Organization*		
City Dublin							State OH		Zip Code 43017
M 03							D 20		Y 14
Form (Cash, Check, etc.) check							Amount 150⁰⁰		
Full Name of Contributor Pamela Boyd							Registration Number, if PAC		
Street Address P.O. BOX 203							Employer/Occupation/Labor Organization*		
City Westerville							State OH		Zip Code 43086
M 03							D 22		Y 14
Form (Cash, Check, etc.) credit card ONLINE							Amount 100⁰⁰		
Full Name of Contributor Brett Swartz							Registration Number, if PAC		
Street Address 108 Kildare Street							Employer/Occupation/Labor Organization*		
City Granville							State OH		Zip Code 43023
M 03							D 28		Y 14
Form (Cash, Check, etc.) credit card online							Amount 100⁰⁰		
Full Name of Contributor Nicki chodnoff							Registration Number, if PAC		
Street Address 156 S. Grould Rd							Employer/Occupation/Labor Organization*		
City Columbus							State OH		Zip Code 43209
M 03							D 31		Y 14
Form (Cash, Check, etc.) credit card online							Amount 50⁰⁰		
Full Name of Contributor Vorys, Sater, Seymour & Pease							Registration Number, if PAC		
Street Address 52 E. Gay St.							Employer/Occupation/Labor Organization*		
City Columbus							State OH		Zip Code 43215
M 04							D 03		Y 14
Form (Cash, Check, etc.) check							Amount 3600⁰⁰		

* 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)]

Page Total \$ **4600⁰⁰**