

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Re-Elect Mike Ebert</i>													
Full Name of Contributor <i>Bradley / Kerry Young</i>						Registration Number, if PAC							
Street Address <i>6611 Winbarr Way</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>						
City <i>Canal Winchester</i>		State <i>OH</i>		Zip Code <i>43110</i>		M <i>09</i>		D <i>22</i>		Y <i>11</i>		Amount <i>25⁰⁰</i>	
Full Name of Contributor <i>Michael Coolman</i>						Registration Number, if PAC							
Street Address <i>204 St. Jacques St.</i>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Cash</i>						
City <i>Worthington</i>		State <i>OH</i>		Zip Code <i>43035</i>		M <i>09</i>		D <i>22</i>		Y <i>11</i>		Amount <i>50⁰⁰</i>	
Full Name of Contributor <i>Contributions from form No 31-E</i>						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M <i>09</i>		D <i>18</i>		Y <i>11</i>		Amount <i>1525⁰⁰</i>	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

* 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 \$ *4,600⁰⁰*