

Statement of Contributions Received -

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR JUDGE							
Full Name of Contributor HAMID BARADARVAR						Registration Number, if PAC	
Street Address 7234 Springview Lane				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City DUBLIN		State OH	Zip Code 43016	M 10	D 02	Y 14	Amount 100⁰⁰
Full Name of Contributor JILL RUDLER						Registration Number, if PAC	
Street Address 5383 Langwell Dr.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State OH	Zip Code 43082	M 10	D 02	Y 14	Amount 100⁰⁰
Full Name of Contributor BRITTANY M. CLARK						Registration Number, if PAC	
Street Address 9078 TARTAN FIELDS DR.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City DUBLIN		State OH	Zip Code 43017	M 10	D 02	Y 14	Amount 600⁰⁰
Full Name of Contributor COLLEEN A. LORA						Registration Number, if PAC	
Street Address 2285 Yorkshire Rd				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43221	M 10	D 02	Y 14	Amount 600⁰⁰
Full Name of Contributor ERIC R. NORDMAN ATTORNEY AT LAW						Registration Number, if PAC	
Street Address 96 E. COLLEGE AVE, #A				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State OH	Zip Code 43081	M 10	D 02	Y 14	Amount 250⁰⁰
Full Name of Contributor TIMOTHY PINGLE						Registration Number, if PAC	
Street Address 133 HALLUM ST. S.W.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City NORTH CANTON		State OH	Zip Code 44726	M 10	D 02	Y 14	Amount 50⁰⁰
Full Name of Contributor ELAINE F. REID						Registration Number, if PAC	
Street Address 64 E. Main St.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State OH	Zip Code 43081	M 10	D 02	Y 14	Amount 50⁰⁰
Full Name of Contributor JOE KING						Registration Number, if PAC	
Street Address 6907 Harlan Sq.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City NEW ALBANY		State OH	Zip Code 43054	M 10	D 02	Y 14	Amount 500⁰⁰

* 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)]