

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Gregory Finnerty						Registration Number, if PAC	
Street Address 6013 Round Tower Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43017	M 0	D 2	Y 6	Amount 200.00	
Full Name of Contributor David Shroyer						Registration Number, if PAC	
Street Address 536 South High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 6	Amount 250.00	
Full Name of Contributor Steven Heyman						Registration Number, if PAC	
Street Address 341 East Dunedin Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43214	M 0	D 2	Y 6	Amount 100.00	
Full Name of Contributor Toki Clark						Registration Number, if PAC	
Street Address 341 South 3rd Street, Suite 201			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 6	Amount 150.00	
Full Name of Contributor Robert Krapenc						Registration Number, if PAC	
Street Address 580 South High Street, Suite 250			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 6	Amount 243.13	
Full Name of Contributor Burl Braver						Registration Number, if PAC	
Street Address 7900 Churchill Way #5404			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dallas	State T X	Zip Code 75251	M 0	D 2	Y 6	Amount 97.25	
Full Name of Contributor Kevin Durkin						Registration Number, if PAC	
Street Address 367 East Broad Street, Suite #1002			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 6	Amount 97.25	
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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,137.63