

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES for Judge									
Full Name of Contributor Amy Koorn							Registration Number, if PAC		
Street Address 31 E. Broadway Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville		State OHIO		Zip Code 43081		M 04		D 16	
						Y 14		Amount 25.00	
Full Name of Contributor H. Tim Merkle							Registration Number, if PAC		
Street Address 77 N State St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OHIO		Zip Code 43081		M 04		D 16	
						Y 14		Amount 50.00	
Full Name of Contributor Hollerin & Associates							Registration Number, if PAC		
Street Address 77 N. State St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OHIO		Zip Code 43081		M 04		D 16	
						Y 14		Amount 100.00	
Full Name of Contributor Kyle & Mashawn Stroh							Registration Number, if PAC		
Street Address 8243 Chateau Lane S.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OHIO		Zip Code 43082		M 04		D 16	
						Y 14		Amount 200.00	
Full Name of Contributor Jeffery Berndt							Registration Number, if PAC		
Street Address 575 S. High St.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OHIO		Zip Code 43215		M 04		D 16	
						Y 14		Amount 50.00	
Full Name of Contributor James Flaherty							Registration Number, if PAC		
Street Address 8903 Robinhood Crl.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OHIO		Zip Code 43082		M 04		D 16	
						Y 14		Amount 100.00	
Full Name of Contributor Vincent Holzball & Rachel Jantutis							Registration Number, if PAC		
Street Address 2834 Dale Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley		State OHIO		Zip Code 43209		M 04		D 16	
						Y 14		Amount 200.00	
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)]