

# FOR PAPER FILING ONLY

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee for Judge O'Donnell</b>					
Full Name of Contributor <b>Lane, Alton &amp; Horst LLC</b>				Registration Number, if PAC	
Street Address <b>Two Miranova Place, Ste. 220</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>7</b>	Y <b>1 2 1 6</b>
			Amount <b>\$500.00</b>		
Full Name of Contributor <b>Zeiger, Tigges &amp; Little LLP</b>				Registration Number, if PAC	
Street Address <b>41 S. High St., Ste. 3500</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>7</b>	Y <b>2 6 1 6</b>
			Amount <b>\$500.00</b>		
Full Name of Contributor <b>Reed Heiligman</b>				Registration Number, if PAC	
Street Address <b>1110 Cleveland St.</b>		Employer/Occupation/Labor Organization* <b>Frank Gecker, LLP/attorney</b>		Form (Cash, Check, etc.) <b>credit card</b>	
City <b>Evanston</b>	State <b>IL OH <input checked="" type="checkbox"/></b>	Zip Code <b>60202</b>	M <b>1</b>	D <b>0</b>	Y <b>0 4 1 6</b>
			Amount <b>\$500.00</b>		
Full Name of Contributor <b>Michael P. Harvey</b>				Registration Number, if PAC	
Street Address <b>311 Northcliff Dr.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Rocky River</b>	State <b>OH</b>	Zip Code <b>44116</b>	M <b>1</b>	D <b>0</b>	Y <b>2 4 2</b>
			Amount <b>\$100.00</b>		
Full Name of Contributor <b>amount brought over from form 31E</b>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y
			Amount <b>\$8,350.00</b>		
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 **\$9,950.00**