Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				•					
Ebner for Judge									
full Name of Contributor					Registration Number, if PAC				
Gordon Shuler									
Street Address	Employe	т/Оссира	ntion/Labor Organization*				Form (Cash, Che	eck, etc.)	
580 S. High Street							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	10	H	43215	1 2	0 3	1 5		50.00	
Full Name of Contributor			•	Registra	tion Num		C		
Stacev Beck									
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Che	eck, etc.)	
600 S. High Street							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	lo	H	43215	1 2	0 3	1 5		50.00	
Full Name of Contributor			10210		tion Num		C	00.00	
Adam Nemann				Ĭ					
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1243 S. High Street		Employer Couperior Capor Organization						Check	
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43206	1 2	I .	1 5		100.00	
Full Name of Contributor	10		45200		tion Num		C.	100.00	
Jon Handler				1.05.5	41011 1 1 144111	,	•		
Street Address	Employe	r/Occums	ation/Labor Organization*		-		Form (Cash, Che	eck etc.)	
571 S. High Street	Employer/Occupation/Labor Organization*				Check				
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43215	1 2	I .		i anotan	100.00	
Full Name of Contributor	10	11	43213		tion Num		r e	100.00	
Toki Clark				Kegisua	anon ivani	oci, ii i r	C		
Street Address	Temploya	r/Channer	ation/Labor Organization*				Form (Cash, Che	ack etc.)	
•	Employe	посеци	montabor Organization				Check	cen, etc. j	
341 S. 3rd Street, Suite 201 City		ate	Zip Code	Гм	D	Ιγ	Amount		
ł · ·	_	H H	_ ·	. i	1 .	· .	Mikalik	100.00	
Columbus Full Name of Contributor	10	1 1 1	43215		0 3	1 5		100.00	
				Kegisira	alon Main	oci, ii fa	C		
Andrew Smith Street Address	[E1	-/0	stian# abor Ossasiastian\$				Form (Cash, Che	ante nta l	
	Employe	Employer/Occupation/Labor Organization*						ock, etc.)	
39 S. Parkview Ave			Zip Code	T M	l n	Ιν	Check	· ·	
City	_	ate H		M	D	Y	Amount	250.00	
Columbus Full Name of Contributor	[0	11	43209	1 2		1 5		250.00	
				Registra	tion Num	ber, ii PA	L		
Thomas Gjostein		·/-	2 4 1 6 1 2 4	i			r (C). C.	1A>	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)	
307 E. Livingston Ave			Ter es i	1	I s		Check		
City		ate I LI	Zip Code	M	D	Y	Amount	250.00	
Columbus	0	H	43215	1 2		1 5		250.00	
Full Name of Contributor				Kegistra	tion Num	uct, II PA	C		
Gary Shroyer	la .	10					r (C.). C.		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
580 S. High Street, Suite 300			12:-0-1	1 14	1 5	l v	Check	<u> </u>	
City	1 _	ate LJ	Zip Code	М	D	Y	Amount	100.00	
Columbus	0	H	43215	1 2	03	1 5	L	100.00	

* 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	\$ 1,000.00