

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Gordon Shuler					Registration Number, if PAC		
Street Address 580 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 50.00	
Full Name of Contributor Stacey Beck					Registration Number, if PAC		
Street Address 600 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 50.00	
Full Name of Contributor Adam Nemann					Registration Number, if PAC		
Street Address 1243 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Jon Handler					Registration Number, if PAC		
Street Address 571 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Toki Clark					Registration Number, if PAC		
Street Address 341 S. 3rd Street, Suite 201		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 100.00	
Full Name of Contributor Andrew Smith					Registration Number, if PAC		
Street Address 39 S. Parkview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 2	D 0 3	Y 1 5	Amount 250.00	
Full Name of Contributor Thomas Gjostein					Registration Number, if PAC		
Street Address 307 E. Livingston Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 250.00	
Full Name of Contributor Gary Shroyer					Registration Number, if PAC		
Street Address 580 S. High Street, Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 3	Y 1 5	Amount 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