

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Judge O'Donnell									
Full Name of Contributor Ray Critchett						Registration Number, if PAC			
Street Address 681 South Front St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card	
City Columbus		State OH		Zip Code 43206		M 0		D 3	
						Y 2		Amount \$100.00	
Full Name of Contributor Diane T. Offenberger						Registration Number, if PAC			
Street Address 205 Poplar Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City McConnelville		State OH		Zip Code 43756		M 0		D 4	
						Y 0		Amount \$50.00	
Full Name of Contributor G. Roger King						Registration Number, if PAC			
Street Address 5598 Dundon Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dublin		State OH		Zip Code 43017		M 0		D 4	
						Y 0		Amount \$100.00	
Full Name of Contributor Jeffrey A. Berndt						Registration Number, if PAC			
Street Address 575 South High St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 0		D 4	
						Y 0		Amount \$50.00	
Full Name of Contributor Amount from 31E page 1 Statement of Contributions from 1/29/2014 fund raiser						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 1	
						Y 2		Amount \$6,750.00	
Full Name of Contributor Amount from 31E page 2 Statement of Contributions from 2/27/2014 fund raiser						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 2	
						Y 2		Amount \$3,300.00	
Full Name of Contributor Amount from 31E page 3 Statement of Contributions from 3/13/2014 fund raiser						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 3	
						Y 1		Amount \$3,125.00	
Full Name of Contributor Amount from 31E page 4 Statement of Contributions from 4/10/2014 fund raiser						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M 0		D 4	
						Y 1		Amount \$6,790.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$20,265.00**