

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Nelson for Judge							
Full Name of Contributor Reminger Co. LPA - Ohio Political Action Committee					Registration Number, if PAC CP495		
Street Address 1400 Midland Bldg, Prospect Ave W		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) check		
City Cleveland	State O H	Zip Code 44115	M 0 5	D 1 6	Y 1 4	Amount 500.00	
Full Name of Contributor Mary Cole Mertz					Registration Number, if PAC		
Street Address 2137 Castle Crest Drive		Employer/Occupation/Labor Organization* Ohio Attorney General's Office			Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 0 5	D 1 3	Y 1 4	Amount 250.00	
Full Name of Contributor James D. Lytle					Registration Number, if PAC		
Street Address 8815 Indian Hill Road		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check		
City Cincinnati	State O H	Zip Code 45243	M 0 5	D 1 7	Y 1 4	Amount 100.00	
Full Name of Contributor Henry B. Weis III					Registration Number, if PAC		
Street Address 3044 Spencer Hill Drive		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check		
City Cincinnati	State O H	Zip Code 45226	M 0 5	D 2 1	Y 1 4	Amount 200.00	
Full Name of Contributor Mary D. Nelson					Registration Number, if PAC		
Street Address 7900 Brill Road		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check		
City Cincinnati	State O H	Zip Code 45243	M 0 5	D 1 4	Y 1 4	Amount 30,000.00	
Full Name of Contributor Andrew O. Smith					Registration Number, if PAC		
Street Address 39 S. Parkview		Employer/Occupation/Labor Organization* Yenkin Majestic			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 4	D 3 0	Y 1 4	Amount 300.00	
Full Name of Contributor Elizabeth T. Smith					Registration Number, if PAC		
Street Address 1045 Eastchester Drive		Employer/Occupation/Labor Organization* Vorys Sater Seymour & Pease			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 3 0	Y 1 4	Amount 500.00	
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 appear. [R.C. 3517.10(B)(4)]