

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR Judge													
Full Name of Contributor Lois M. Henry							Registration Number, if PAC						
Street Address 1560 BUCK TRAIL LANE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City Worthington		State OHIO		Zip Code 43085		M 05		D 05		Y 14		Amount 100⁰⁰	
Full Name of Contributor BAILEY CAVALIERI LLC							Registration Number, if PAC						
Street Address 10 West Broad Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City Columbus		State OHIO		Zip Code 43215		M 05		D 05		Y 14		Amount 500⁰⁰	
Full Name of Contributor GRANGE Mutual CASUALTY COMPANY							Registration Number, if PAC OHIO PAC						
Street Address 671 S. HIGH STREET				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State OHIO		Zip Code 43206		M 05		D 05		Y 14		Amount 1,000⁰⁰	
Full Name of Contributor BETHANY HAMMOND							Registration Number, if PAC						
Street Address 549 ILLINOIS CT.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City Westerville		State OHIO		Zip Code 43081		M 05		D 21		Y 14		Amount 100⁰⁰	
Full Name of Contributor SEAN P. DUNN							Registration Number, if PAC						
Street Address 6057 Johnstown Rd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City NEW ALBANY		State OH		Zip Code 43054		M 05		D 21		Y 14		Amount 300⁰⁰	
Full Name of Contributor CITIZENS FOR KEVIN BACON							Registration Number, if PAC						
Street Address 260 N Cassidy Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State OH		Zip Code 43209		M 05		D 21		Y 14		Amount 100⁰⁰	
Full Name of Contributor MALEK & MALEK LLC							Registration Number, if PAC						
Street Address 1227 South High Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State OHIO		Zip Code 43206		M 05		D 21		Y 14		Amount 350⁰⁰	
Full Name of Contributor DAVID Dougherty							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH						
City		State		Zip Code		M		D		Y		Amount 100⁰⁰	

* 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)]