31-A
R.C. 3517.10

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	
Otto Beatty							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
206 E. Beck Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43206	0 5	1 8	1 5		150.00
Full Name of Contributor						Registration Number, if PAC	
Harvey Schwartz							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6840 Meadow Oak Drive							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43235	0 5	2 1	1 5		50.00
Full Name of Contributor						Registration Number, if PAC	
Alan Acker							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1081 Arcaro Court							Check
City	State	Zip Code	M	D	Y		Amount
Gahanna	O | H	43230	0 5	2 1	1 5		150.00
Full Name of Contributor						Registration Number, if PAC	
Laurence Ruben							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
140 S. Columbia Ave							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43209	0 5	2 1	1 5		500.00
Full Name of Contributor						Registration Number, if PAC	
Steven Shkolnik							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
348 Walnut Cliffs Drive							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43213	0 5	2 1	1 5		100.00
Full Name of Contributor						Registration Number, if PAC	
Rochelle Rosen							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
95 N. Remington Road							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43209	0 5	2 1	1 5		100.00
Full Name of Contributor						Registration Number, if PAC	
Brent Applebaum							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2862 E. Main Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43209	0 5	2 1	1 5		100.00
Full Name of Contributor						Registration Number, if PAC	
Michael Schaeffer							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
88 West Mound Street							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43215	0 5	2 1	1 5		200.00

* 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 $ 1,350.00