

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Gregg Lewis					Registration Number, if PAC		
Street Address 625 City Park Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 2	D 0 4	Y 1 5	Amount 100.00	
Full Name of Contributor Daniel Abraham					Registration Number, if PAC		
Street Address 536 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 1	Y 1 5	Amount 250.00	
Full Name of Contributor Dustin Blake					Registration Number, if PAC		
Street Address 580 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Scott Smith					Registration Number, if PAC		
Street Address 5003 Horizons Dr., Suite 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 1	D 0 6	Y 1 6	Amount 150.00	
Full Name of Contributor Samual Shamansky					Registration Number, if PAC		
Street Address 523 South Third Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 1	D 1 1	Y 1 6	Amount 2,500.00	
Full Name of Contributor Sylvia Ebner					Registration Number, if PAC		
Street Address 303 Eastmoor Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 1	D 2 1	Y 1 6	Amount 150.00	
Full Name of Contributor Mark Blumenthal					Registration Number, if PAC		
Street Address 5018 Butterworth Green Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City New Albany	State O H	Zip Code 43054	M 1 2	D 1 7	Y 1 5	Amount 97.25	
Full Name of Contributor Christopher Cowan					Registration Number, if PAC		
Street Address 713 South Front Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43026	M 1 2	D 2 8	Y 1 5	Amount 243.13	

* 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)]