## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·						
Ebner for Judge									
Full Name of Contributor				Registr:	tion Num	ber, if PA	Ċ		
Anthony Greco				. Togota	***************************************	,	•		
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Ch	eck_etc.)	
6810 Caine Road							Credit (	-	
City	State		Zip Code	Тм	D	Y	Amount	Jara	
Columbus		Н	43235	110	1 .	1   5		243.13	
Full Name of Contributor	101		10200	_ ; •		ber, if PA	Ċ	210.10	
Jim Brady									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)	
4899 Beatrice Drive								Credit Card	
City	State		Zip Code	М	D	Y	Amount		
Columbus		H	43227	1111	0 2	1   5		24.31	
Full Name of Contributor						ber, if PA	С		
Hope Wolman									
Street Address	Employer/O	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
7465 King George Drive							Check		
City	State		Zip Code	М	D	Y	Amount	· -···	
New Albany	01	Η	43054	1   1	2   5	1   5		50.00	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			Registra	ation Nur	ber, if PA	С		
Ira Sully									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
844 South Front Street				į			Check		
City	State		Zip Code	М	D	Y	Amount		
Columbus	0	H	43206	1 2	0 3	1   5		100.00	
Full Name of Contributor				Registra	ation Num	ber, if PA	С		
Mark Coffey									
Street Address	Employer/O				Form (Cash, Ch	eck, etc.)			
644 Jaeger Street							Check		
City	State		Zip Code	М	D	Y	Amount		
Columbus	0	H	43206	1 2	0 3	1 5		50.00	
Full Name of Contributor				Registra	ation Nun	iber, if PA	С		
Adam Miller									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)	
1600 Roxbury Road							Check		
City	State	T T	Zîp Code	M	D	I .	Amount	=	
Columbus	0	H	43212	1 2				50.00	
Full Name of Contributor				Registra	ation Nurr	iber, if PA	С		
Catherine Nelson	In 1 10						n (0 1 0		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)	
20-4 E. Deshler Ave	6		2: 0.1	1 14	1 5	T 0	Check		
Calcurations	State	Н	Zip Code	M	D	Y	Amount	25.00	
Columbus Full Name of Contributor	101	1 1	43206	1 1	3 0	1 5	<u> </u>	35.00	
				registra	ation latin	ioer, it l'A	C		
Bradley Koffel  Street Address  Employer/Occupation/Labor Organization*							Form (Cash, Ch	eck etc.)	
	ганроуси жанавов саван слушилиют					•	шк, си. <i>)</i>		
1801 Watermark Drive, Suite 350	State		Zip Code	М	D	ΤΥ	Check Amount		
		Н	43215	1	0 3			2,500.00	
Columbus	0	1 L	43413	1112	.jvi3	1112	<u> </u>	Z,JUU.UU	

Page Total \$ 3,052.44

<sup>\*</sup> 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)]