Statement of Contributions Received

	Prescribed by S	ecretary of State 3/05					
Name of Committee in Full							
Nelson for Judge							
Full Name of Contributor	Registration Number, if PA					AC	
Michael Melliere			1				
Street Address	Employer/Occu	pation/Labor Organization*	!			Form (Cash, Check, etc.)	
5248 Aryshire Drive	Ice Miller				•		
City	State	Zip Code	1 26	1 5	1 17	check	
Dublin	O H	l l	M	D	Y	Amount	
Full Name of Contributor	0 1 11	43017	0 6				
			Registra	tion Nun	nber, if PA	AC .	
Michael Jordan							
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6816 Bishops Wood Road	Ice Miller					check	
City	State	Zip Code	M	D	Y	Amount	
New Albany	OH	43054	0 6	1 0	1 4	250.00	
Full Name of Contributor			Registra	tion Nun	nber, if PA	(C	
Street Address	eet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	İ			1	1 1		
Full Name of Contributor	!!		Registra	tion Nor	ber, if PA	C	
			1.05.0		1001, 11 1 1		
Street Address	Employer/Occur	pation/Labor Organization*			 	Form (Cash, Check, etc.)	
		Janear Education				Porm (Cash, Check, etc.)	
City	State	Zip Code	М	I n) 7	A	
	Jane	Zip Code	101	D	Y	Amount	
Full Name of Contributor		<u> </u>	<u> </u>	<u> </u>			
i di Ivane di Communio			Registra	tion Num	ber, if PA	.C	
Street Address				····	4 · 27 · / N-		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		<u> </u>					
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
			l				
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
					1 1		
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	C	
			Ŭ		,		
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)	
	, , , , , , , , , , , , , , , , , , , ,					onn (cash, chock, cic.)	
City	State	Zip Code	M	D	Y	Amount	
	J State	Zip Code	IVI	ו	ı ı	Alloun	
Full Name of Contributor			i In		1 : 1		
and a contributor			Registrat	ion num	ber, if PA	·	
Street Address	T			<u> </u>			
Pureer variety	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Co.		1					
City	State	Zip Code	М	D	Y	Amount	
	<u> </u>			<u> </u>			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

* 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 \$	500.00