

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Judith Kitrick					Registration Number, if PAC		
Street Address 60 E. Spring Street 601		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 4	Y 1 5	Amount 97.25	
Full Name of Contributor Steven Heiser					Registration Number, if PAC		
Street Address 1687 Doone Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0 6	D 2 4	Y 1 5	Amount 97.25	
Full Name of Contributor Lisa Marmon					Registration Number, if PAC		
Street Address 232 Canyon Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43214	M 0 6	D 2 5	Y 1 5	Amount 243.12	
Full Name of Contributor Anthony Marmon					Registration Number, if PAC		
Street Address 1321 Fishinger		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0 6	D 2 5	Y 1 5	Amount 243.12	
Full Name of Contributor Colin Spencer					Registration Number, if PAC		
Street Address 112 E. Mound St #3		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 97.25	
Full Name of Contributor Michael Gertner					Registration Number, if PAC		
Street Address 175 South Third #505		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor Edwin Schottenstein					Registration Number, if PAC		
Street Address 100 E. Broad Street, Suite 1337		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor George Leach					Registration Number, if PAC		
Street Address 100 E. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 5	Y 1 5	Amount 300.00	

* 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)]