

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Michael Silberstein					Registration Number, if PAC		
Street Address 530 W. Spring Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 2 4	Y 1 5	Amount 25.00	
Full Name of Contributor Nancy Sully					Registration Number, if PAC		
Street Address 200 Reinhard Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 3	D 2 4	Y 1 5	Amount 50.00	
Full Name of Contributor Ruth or George Daily					Registration Number, if PAC		
Street Address 5315 Hayes Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State O H	Zip Code 43215	M 0 4	D 1 3	Y 1 5	Amount 50.00	
Full Name of Contributor Carl Aveni					Registration Number, if PAC		
Street Address 366 E. Broad Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43213	M 0 4	D 1 6	Y 1 5	Amount 97.25	
Full Name of Contributor Kathy Chasteen					Registration Number, if PAC		
Street Address P.O. Box 1853		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43216	M 0 4	D 1 6	Y 1 5	Amount 50.00	
Full Name of Contributor Anny Hoffman					Registration Number, if PAC		
Street Address 2722 Bexley Park Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Bexley	State O H	Zip Code 43214	M 0 4	D 1 6	Y 1 5	Amount 60.00	
Full Name of Contributor Eric Hoffman					Registration Number, if PAC		
Street Address 338 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43215	M 0 4	D 1 6	Y 1 5	Amount 100.00	
Full Name of Contributor John Keeling					Registration Number, if PAC		
Street Address 679 Overbrook Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43214	M 0 4	D 1 6	Y 1 5	Amount 100.00	

* 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 \$ 532.25