



COPY

2014-PR PRIMARY
Amended

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full						
GONZALES for Judge						
Full Name of Contributor Amy Koorn						Registration Number, if PAC
Street Address 31 E. Broadway Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OHIO	Zip Code 43081	M 04	D 16	Y 14	Amount 25.00
Full Name of Contributor H. TIM Merkle						Registration Number, if PAC
Street Address 77 N. State St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville	State OHIO	Zip Code 43081	M 04	D 16	Y 14	Amount 50.00
Full Name of Contributor Hollerin & Associates						Registration Number, if PAC
Street Address 77 N. State St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville	State OHIO	Zip Code	M 04	D 16	Y 14	Amount 100.00
Full Name of Contributor (Kyle) & Mashawn Stroh						Registration Number, if PAC
Street Address 8243 Chateau Lane S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville	State OHIO	Zip Code 43082	M 04	D 16	Y 14	Amount 200.00
Full Name of Contributor Jeffery Berndt						Registration Number, if PAC
Street Address 575 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OHIO	Zip Code 43215	M 04	D 16	Y 14	Amount 50.00
Full Name of Contributor James Flaherty						Registration Number, if PAC
Street Address 8903 Robinhood Cir.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville	State OHIO	Zip Code 43082	M 04	D 16	Y 14	Amount 100.00
Full Name of Contributor (Vincent Holzball) & Rachel Jantutis						Registration Number, if PAC
Street Address 2834 Date Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley	State OHIO	Zip Code 43209	M 04	D 16	Y 14	Amount 200.00
Full Name of Contributor						Registration Number, if PAC
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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 also appear. [R.C. 3517.10(B)(4)]