

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ebner for Judge							
Full Name of Contributor Mark Coffey					Registration Number, if PAC		
Street Address 644 Jaeger Street		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 Dennis Day					Registration Number, if PAC		
Street Address 1427 1/2 Bryden Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43215	M 0 3	D 2 4	Y 1 5	Amount 50.00	
Full Name of Contributor Michael Doody					Registration Number, if PAC		
Street Address 683 E. Kossuth Street		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 60.00	
Full Name of Contributor Larry Ezell					Registration Number, if PAC		
Street Address 1157 Sunny Hill Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43221	M 0 3	D 2 4	Y 1 5	Amount 25.00	
Full Name of Contributor Andrea Krupman					Registration Number, if PAC		
Street Address 560 Old Farm Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43213	M 0 3	D 2 4	Y 1 5	Amount 20.00	
Full Name of Contributor Jeff Mackey					Registration Number, if PAC		
Street Address 655 Cooper Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 3	D 2 4	Y 1 5	Amount 60.00	
Full Name of Contributor John Ryerson					Registration Number, if PAC		
Street Address 2546 Indianola Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43202	M 0 3	D 2 4	Y 1 5	Amount 50.00	
Full Name of Contributor James Schottenstein					Registration Number, if PAC		
Street Address 492 S. High Street, Suite 200		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 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)]