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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

					enned the state of			
Name of Committee in Full								
Hummer for Judge Committee			Registrati	on March	or if DA		~~~	
Full Name of Contributor			Registrati	on Nume	er, ii PAC	_		
Michael J. Weisz				***************************************		Form (Cash, Ch	aals ata )	
Street Address	Employer/Occupat	ion/Labor Organization*					eck, etc.)	
536 South Wall St., #300						Check		
City	1 1	Zip Code	М	D	Y	Amount	100.00	
Columbus	O   H	43215	0 9	2 8	0 9		100.00	
Full Name of Contributor			Registrat		per, if PA	С		
Vorys, Sater, Seymour & Pease LI	LP PAC, c/o Johr	ı Kulewicz	OH	109				
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
52 E. Gay Street						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	0 9	2 8	0 9		500.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	С		
William R. Yost						and the second s	S	
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Cl	neck, etc.)	
366 E. Broad Street						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	0 9	2 8	0 9		25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
David J. Kennedy								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)	
3218 Mountview Rd.						Check		
City	State	Zip Code	M	D	Y	Amount		
	OH	43221	0 9	2 8	0 9		100.00	
Upper Arlington Full Name of Contributor					ber, if PA			
Barbara B. Stewart								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			heck, etc.)			
		-				Check		
7165 Addington Rd.	State	Zip Code	М	D	Y	Amount	*******	
City	OH	43054	0 9	2 8	0 9		75.00	
New Albany		10001			nber, if P			
Pull Name of Controllor								
Laura S. Mulhall	Employer/Occup	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
Street Address	Dimpioj on Geoap					Check		
1832 Suffolk Rd.	State	Zip Code	М	D	Y	Amount		
City	O H		0/9	218	0 9		100.00	
Upper Arlington Full Name of Contributor		10221	Registra	ation Nur	nber, if P.	AC		
					-			
Dana M. Peters	Employer/Occur	ation/Labor Organization*				Form (Cash, C	Check, etc.)	
Street Address	Employer occupation bacor organization						Check	
947 E. Johnstown Rd., #250	State	Zip Code	M	D	Y	Amount		
City		43230		2 8			100.00	
Gahanna	I O   H	1 43230			mber, if P		100.00	
Full Name of Contributor			100 E13(1					
Contributions from Form 31-E	E1/0	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization:						
		Zip Code	M	D	Y	Amount		
City	State	Zip Code	$\begin{vmatrix} 1 & 1 & 1 \\ 0 & 1 & 2 \end{vmatrix}$	. I .		ß.	3,201.00	
			1019	7141	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	a name of the	ال ۱۰۵۰ کرد	

\* 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 \$	4,201.00