

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Michael J. Weisz						Registration Number, if PAC	
Street Address 536 South Wall St., #300				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State O	H H	Zip Code 43215	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Vorys, Sater, Seymour & Pease LLP PAC, c/o John Kulewicz						Registration Number, if PAC OH109	
Street Address 52 E. Gay Street				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State O	H H	Zip Code 43215	M 0	D 9	Y 2	Amount 500.00
Full Name of Contributor William R. Yost						Registration Number, if PAC	
Street Address 366 E. Broad Street				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State O	H H	Zip Code 43215	M 0	D 9	Y 2	Amount 25.00
Full Name of Contributor David J. Kennedy						Registration Number, if PAC	
Street Address 3218 Mountview Rd.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State O	H H	Zip Code 43221	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Barbara B. Stewart						Registration Number, if PAC	
Street Address 7165 Addington Rd.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City New Albany	State O	H H	Zip Code 43054	M 0	D 9	Y 2	Amount 75.00
Full Name of Contributor Laura S. Mulhall						Registration Number, if PAC	
Street Address 1832 Suffolk Rd.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State O	H H	Zip Code 43221	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Dana M. Peters						Registration Number, if PAC	
Street Address 947 E. Johnstown Rd., #250				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State O	H H	Zip Code 43230	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	H	Zip Code	M	D	Y	Amount
				0	9	2	3,201.00

* 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 \$ 4,201.00