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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

11					<u> </u>				
Name of Committee in Full									
Hummer for Judge Committee				Pacietre	tion Nuest	oer, if PAC	~		
Full Name of Contributor				registrat	aon numi	ля, и РАС	J		
William J. Mooney		10					Form (Cash, Ch	ook ota	
Street Address	Employer.	/Occupa	tion/Labor Organization*				, ,	icck, etc.)	
299 S. Chesterfield Rd.				1	T ==		Check		
City	Sta		Zip Code	M	D	1 1	Amount	100.00	
Columbus	0	H	43209	0 7	$1 \mid 4$	0 9		100.00	
Full Name of Contributor				Registrat	tion Num	ber, if PA	C		
Citizens for Julia L. Dorrian					***************************************				
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
65 E. State St., Suite 500							Check	-,	
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	Н	43215	0 7	$1 \mid 4$	THE COURSE WAS AND ADDRESS OF THE PARTY OF T		250.00	
Full Name of Contributor				Registra		ber, if PA	С		
Paul P. Enke									
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Cl	heck, etc.)	
785 Newark Rd.								Check	
City	Sta	ite	Zip Code	М	D	Y	Amount		
Granville	0	Н	43023	0 7				100.00	
Full Name of Contributor		manness and the second		Registra	ation Num	ber, if PA	.C		
Contributions from Form 31-E									
Street Address	Employe	r/Occup	ation/Labor Organization*	S			Form (Cash, C	heck, etc.)	
on the state of th		•							
City	Sta	ate	Zip Code	M	D	Y	Amount		
				0 7	1 4	0 9		3,210.00	
Full Name of Contributor				NAME OF TAXABLE PARTY.		ber, if PA			
Allen Handlan									
Street Address	Employe	r/Occun	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
		Employer Goodpation Education Congulation							
2343 Kensington Dr.	St	ate	Zip Code	М	D	Y	PayPal Amount		
Columbus		Н	43221	0 8	I .	1	H	50.00	
Columbus Full Name of Contributor			TULLI		ation Nun	nber, if PA			
						•			
Ross E. Roeder	Employe	r/Occur	oation/Labor Organization*				Form (Cash, C	Check, etc.)	
Street Address	Lampioye	Occup	and a succession				Check	, ,	
1663 Watermark Cir. N.E.	C+	ate	Zip Code	М	D	Y	Amount		
City	1	L	1 -			0 9	R .	250.00	
St. Petersburg	Г	1	1 33/04			nber, if $PA$		<u> </u>	
Full Name of Contributor				registi.	auvii i vui	11 1 7			
Mary Kennedy Reilly		/0	ation / abor Organization*				Form (Cach C	Theck etc.)	
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)  Check	
1663 Watermark Cir. N.E.			[7] O. J.	1 34	l n	ΙΥ	Amount		
City		ate	Zip Code	M	D	1 .		250.00	
St. Petersburg	F	L	33702	0 8		$\frac{10}{9}$		250.00	
Full Name of Contributor				Kegistr	ration Nut	noer, if PA	AL		
Karen Beyke							F (C1 (	711	
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4137 Jensome Lane					<u> </u>		PayPa	1	
City		tate	Zip Code	M	D	Y	Amount	F0.00	
Franklin	LΤ	N	37064	0 8	3 1 3	3 0 9	1	50.00	

\* 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 \$ 4,260.00