Statement of Contributions Received

Prescribed by Secretary of State 3/05

Hummer for Judge Committee Full Name of Contributor Harris, McClellan, Binau & Cox PLL Street Address 37 West Broad Street, Suite 950 Clity Columbus O H 43215 Form (Cash, Check, etc.) Check Citizens for Julia L. Dorrian Street Address 65 East State Street, Suite 500 City Columbus O H 43215 Form (Cash, Check, etc.) Check City Columbus O H 43215 Form (Cash, Check, etc.) Check City Columbus O H 43215 Form (Cash, Check, etc.) Check City Columbus O H 43215 Form (Cash, Check, etc.) Check City Columbus O H 43215 Form (Cash, Check, etc.) Check City Columbus O H 43215 Form (Cash, Check, etc.) Check City Columbus O H 43085 Form (Cash, Check, etc.) Check Check City Columbus Form (Cash, Check, etc.) Check Check Check Check City Columbus Form (Cash, Check, etc.) Check Check Check Check City Columbus Form (Cash, Check, etc.) Check Check Check City Check William Roberts Form (Cash, Check, etc.) Check City Check Check City Check Che	N. CO. W. P. II		920000000						
Registration Number, if PAC Harris, McClellan, Binau & Cox PLL	Name of Committee in Full								
Harris, McClellan, Binau & Cox PLL					15		V C 2.		
					Registrat	ion Numb	er, ii PAC		·
State Zip Code								7 (2 1 0)	
State		Employer/Oc	ecupat	ion/Labor Organization*					eck, etc.)
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State	Street Address	Employer/O	ecupat	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)
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Columbus	City	State		Zip Code	М	D	Y	Amount	
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Street Address	Full Name of Contributor	<u> </u>			Registrat	ion Numt	er, if PA	C	
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Worthington		State		Zip Code	M	D	Y		
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Full Name of Contributor Judge Anne Taylor Committee Street Address 41 S. High Street, Suite 2400 City Columbus Full Name of Contributor Ohio & Vicinity Regional Council South City State 1394 Courtright Rd. City Columbus Find (Cash, Check, etc.) Check Street Address 1394 Courtright Rd. City Columbus Full Name of Contributor Ohio & Vicinity Regional Council South Central Office PCE Street Address 1394 Courtright Rd. City Columbus Full Name of Contributor Columbus Full Name of Contributor Street Address 2ip Code M D Y Amount Check Form (Cash, Check, etc.) Check Check Form (Cash, Check, etc.) Check Check Form (Cash, Check, etc.) Check Check Check Check Check Check Street Address Columbus Full Name of Contributor Kincaid, Randall & Craine Street Address 2201 Riverside Dr. City State Zip Code M D Y Amount Form (Cash, Check, etc.) Check Form (Cash, Check, etc.) Check Check Check Check Form (Cash, Check, etc.) Check Check		1 _	L_I			1		Autount	E0.00
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* 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)]

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Page	Total	\$	3,400.00