

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee													
Full Name of Contributor Clark P. Pritchett, Jr.						Registration Number, if PAC							
Street Address 4185 Chadbourne Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43220		M 1 0		D 3 0		Y 0 9		Amount 50.00	
Full Name of Contributor The Brunner Firm Co., LPA						Registration Number, if PAC							
Street Address 545 East Town Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 0		D 3 0		Y 0 9		Amount 150.00	
Full Name of Contributor William A. Clark						Registration Number, if PAC							
Street Address 600 S. High St., Suite 202			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 0		D 3 0		Y 0 9		Amount 50.00	
Full Name of Contributor Nancy Heink						Registration Number, if PAC							
Street Address 89 Orchard Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal						
City Columbus		State O H		Zip Code 43214		M 1 0		D 3 0		Y 0 9		Amount 75.00	
Full Name of Contributor Charles G. Kaps						Registration Number, if PAC							
Street Address 2651 McVey Blvd., W.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 1 1		D 0 2		Y 0 9		Amount 50.00	
Full Name of Contributor Ted Barrows						Registration Number, if PAC							
Street Address 4834 Sarasota Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43026		M 1 1		D 0 3		Y 0 9		Amount 250.00	
Full Name of Contributor Jason Janoski						Registration Number, if PAC							
Street Address 214 W. Royal Forest			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order						
City Columbus		State O H		Zip Code 43214		M 1 1		D 0 3		Y 0 9		Amount 100.00	
Full Name of Contributor PorterWright						Registration Number, if PAC							
Street Address 41 South High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 3		Y 0 9		Amount 500.00	

* 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 \$ 1,225.00