	10	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				S kiniminal pas njerik jedili izganista postava				
Name of Committee in Full								
Hummer for Judge Committee					Registration Number, if PAC			
Full Name of Contributor				ve Grongi	1 1441110	, I A	-	
Clark P. Pritchett, Jr.	Temple	/Oacum=	tion/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer	/Occupa	non/Lauor Organization				Check	
4185 Chadbourne Dr.	04-	to	Zin Code	М	D	Y	Amount	
City	Sta	te H	Zip Code	$\begin{vmatrix} M \\ 1 \end{vmatrix} 0$. 8	50.00	
Columbus	<u> </u>	11	43220		3 0 ion Numb	0 9		
Full Name of Contributor				registra	Jimpr noi.	, 11 I AN	_	
The Brunner Firm Co., LPA	To 1	<i>'</i> O	· . // ·				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					Check		
545 East Town Street		4.	7:- 0-1-	T 34	<u></u>	Y	Cneck Amount	
City	Sta		Zip Code	M		9		
Columbus		Н	43215	1 0	3 0 tion Numb	0 9	150.00	
Full Name of Contributor				Kegistra	non numt	er, if PA		
William A. Clark	1= - -	10	.;/ī -1				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					i e		
600 S. High St., Suite 202	ļ		Tr. 0.1	7.52	<u> </u>	37	Check	
City	Sta		Zip Code	M	D	Y	Amount EO OO	
Columbus	10	Н	43215		3 0	0 9	50.00	
Full Name of Contributor				Kegistra	tion Numl	oer, if PA	C	
Nancy Heink	15.	10	/x	_L			Form (Cook Charle -4-)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
89 Orchard Lane					T	37	PayPal	
City	Sta		Zip Code	M	D	Y	Amount 75 00	
Columbus	O	H	43214	The second secon	3 0	District Control of the Control of t	75.00	
Full Name of Contributor				Registra	tion Numl	oer, if PA	·C	
Charles G. Kaps						zenz		
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
2651 McVey Blvd., W.				1 3.5	T -	1 37	Check	
City		ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43235	11	The latest territories and the latest territorie	0 9	50.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	aC .	
Ted Barrows								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4834 Sarasota Dr.					T	1 7-	Check	
City	1	ate	Zip Code	M	D	Y	Amount	
Hilliard		Н	43026	1 1				
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .	
Jason Janoski				_	2			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
214 W. Royal Forest						·	Money Order	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43214	1 1	water the second second second			
Full Name of Contributor				Registra	ition Num	ber, if PA	AC	
PorterWright					ONVersous recording			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
41 South High Street							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43215	1 1	0 3	0 9	500.00	

Page Total \$ 1,225.00

^{*} 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)]