

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee									
Full Name of Contributor Scott W. Schiff & Associates Co., LPA, c/o Scott W. Schiff						Registration Number, if PAC			
Street Address 88 W. Main Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215		M 0	D 3	Y 0	Amount 175.00
Full Name of Contributor Dana M. Peters						Registration Number, if PAC			
Street Address 947 E. Johnstown Rd., Suite 250			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 0	D 3	Y 0	Amount 100.00
Full Name of Contributor Michael A. Nugent						Registration Number, if PAC			
Street Address 2340 Airport Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43219		M 0	D 3	Y 0	Amount 200.00
Full Name of Contributor Anthony O. Mancuso						Registration Number, if PAC			
Street Address 135 N. Hamilton Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 0	D 3	Y 0	Amount 100.00
Full Name of Contributor Michael L. Boulware						Registration Number, if PAC			
Street Address 2056 Thistlewood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43235		M 0	D 3	Y 0	Amount 40.00
Full Name of Contributor Timothy F. Kennedy						Registration Number, if PAC			
Street Address 2396 Swansea Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43221		M 0	D 3	Y 0	Amount 50.00
Full Name of Contributor Samuel B. Weiner Col., LPA, c/o Samuel B. Weiner						Registration Number, if PAC			
Street Address 743 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43206		M 0	D 3	Y 0	Amount 250.00
Full Name of Contributor Leslie A. Melmed						Registration Number, if PAC			
Street Address 180 S. Remington Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43209		M 0	D 3	Y 0	Amount 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 \$ 965.00