

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Kerri Anderson					Registration Number, if PAC		
Street Address 2525 Wimbledon Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43220	M 0 8	D 1 7	Y 0 9	Amount 200.00	
Full Name of Contributor Gregg D. Slemmer					Registration Number, if PAC		
Street Address 1188 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 8	D 1 8	Y 0 9	Amount 150.00	
Full Name of Contributor Dennis P. Evans					Registration Number, if PAC		
Street Address 4006 Lyon Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 1 8	Y 0 9	Amount 250.00	
Full Name of Contributor Geoffrey B. Blossom					Registration Number, if PAC		
Street Address 1937 Stanford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 8	D 1 8	Y 0 9	Amount 250.00	
Full Name of Contributor Charles C. Spielman					Registration Number, if PAC		
Street Address 2094 Edgemont Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 8	D 1 8	Y 0 9	Amount 100.00	
Full Name of Contributor John F. Hilt					Registration Number, if PAC		
Street Address 3793 Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 8	D 1 9	Y 0 9	Amount 250.00	
Full Name of Contributor Plumbers & Pipefitters L.U. 189					Registration Number, if PAC 6220		
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 8	D 1 9	Y 0 9	Amount 500.00	
Full Name of Contributor Richard A. Frye					Registration Number, if PAC		
Street Address 1669 Roxbury Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43212	M 0 8	D 1 9	Y 0 9	Amount 100.00	

* 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 \$ 1,800.00