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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Hummer for Judge Committee									
Full Name of Contributor				Registra	tion Numb	oer, if PA	C	<u> </u>	
J. D. Leach						,			
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)	
1236 Kenbrook Hills Dr.							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus		Н	43220	1 0	2 8	0 9		250.00	
Full Name of Contributor				Registra	tion Numl	oer, if PA	С		
James P. Connors									
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
221 S. High Street							Check	*	
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus		H	43215	1 0	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	0 9		150.00	
Full Name of Contributor				Registra	tion Numl	oer, if PA	С		
Bailey Cavalieri LLC									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
10 West Broad Street, Suite 2100				· Y · · · · · · · · · · · · · · · · · ·	T		Check		
City	1 _	tate	Zip Code	M	D	Y	Amount	1 000 00	
Columbus	10	H	43215		2 8			1,000.00	
Full Name of Contributor		.1 1	т 1	Registra	tion Numl	ber, if PA	.C		
Columbus/Central Ohio Bldg. Trades Council-Education Fund Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
Street Address	Employe	er/Occupa	ation/Labor Organization*				3	neck, etc.)	
555 E. Rich St.	-	tate	Zip Code	М	D	Y	Check Amount		
Calescaless		H	43215	$\begin{vmatrix} \mathbf{M} \\ 1 \end{vmatrix} 0$		0 9	H	500.00	
Columbus Fall Name of Contributor		* *	43213	we was a second	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	and the second	Management and the commence of	300.00	
Full Name of Contributor Registration Number, if PAC									
Joseph H. Yearling Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, C	heck etc)	
1310 Fountaine Drive	2	er, o coupe	and the second of games and				Check	, •,	
City	S	tate	Zip Code	Тм	D	Y	Amount	100	
Columbus		ΙH	43221	1 0	1 .	1 .	Į.	50.00	
Full Name of Contributor			1044	www.	tion Num	CATALOGRAPHIC CONTRACTOR	American commitment of the construction of the	00.00	
Robert J. Walter									
Street Address	Employ	er/Occupa	ation/Labor Organization*		***************************************		Form (Cash, C	Check, etc.)	
3040 Lane Woods Ct.							Check		
City	S	tate	Zip Code	М	D	Y	Amount	·	
Columbus	0	H	43221	1 0	2 8	0 9		50.00	
Full Name of Contributor					tion Num				
Kevin C. Shannon									
Street Address	Employ	er/Occupa	ation/Labor Organization*		400000000000000000000000000000000000000	a primary distribution of the second	Form (Cash, C	Check, etc.)	
P. O. Box 852							Check		
City	S	tate	Zip Code	М	D	Y	Amount	٧	
Pickerington		H	43147	1 0	2 8	0 9		75.00	
Full Name of Contributor Registration Number, if PAC									
Donald W. Kelly									
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
878 Fairway Blvd.						·	Check		
City	1 .	tate	Zip Code	M	D	Y	Amount	00000	
Columbus	<u> </u>	ΙН	43213	1 0	2 8	0 9		200.00	

Page Total \$ 2,275.00

^{*} 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)]