

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor J. D. Leach					Registration Number, if PAC		
Street Address 1236 Kenbrook Hills Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1	D 0	Y 2 8	Amount 250.00	
Full Name of Contributor James P. Connors					Registration Number, if PAC		
Street Address 221 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 8	Amount 150.00	
Full Name of Contributor Bailey Cavalieri LLC					Registration Number, if PAC		
Street Address 10 West Broad Street, Suite 2100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 8	Amount 1,000.00	
Full Name of Contributor Columbus/Central Ohio Bldg. Trades Council-Education Fund					Registration Number, if PAC		
Street Address 555 E. Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 8	Amount 500.00	
Full Name of Contributor Joseph H. Yearling					Registration Number, if PAC		
Street Address 1310 Fountaine Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 2 8	Amount 50.00	
Full Name of Contributor Robert J. Walter					Registration Number, if PAC		
Street Address 3040 Lane Woods Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 2 8	Amount 50.00	
Full Name of Contributor Kevin C. Shannon					Registration Number, if PAC		
Street Address P. O. Box 852		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 1	D 0	Y 2 8	Amount 75.00	
Full Name of Contributor Donald W. Kelly					Registration Number, if PAC		
Street Address 878 Fairway Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 1	D 0	Y 2 8	Amount 200.00	

* 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 \$ 2,275.00