

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee									
Full Name of Contributor Anthony O. Mancuso						Registration Number, if PAC			
Street Address 135 N. Hamilton Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 7	Y 0	Amount 75.00		
Full Name of Contributor Amy Lindsey						Registration Number, if PAC			
Street Address 54 East Russell St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City Columbus	State O	H H	Zip Code 43215	M 0	D 7	Y 0	Amount 300.00		
Full Name of Contributor Joseph M. Berwanger						Registration Number, if PAC			
Street Address 1600 Sundridge Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 7	Y 0	Amount 50.00		
Full Name of Contributor Javier H. Armengau, LPA, Inc., c/o Javier H. Armengau						Registration Number, if PAC			
Street Address 857 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43206	M 0	D 7	Y 0	Amount 250.00		
Full Name of Contributor Ann Pema						Registration Number, if PAC			
Street Address 2230 Cambridge Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Columbus	State O	H H	Zip Code 43221	M 0	D 7	Y 0	Amount 50.00		
Full Name of Contributor Alice Finley						Registration Number, if PAC			
Street Address 2454 Kensington Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Columbus	State O	H H	Zip Code 43221	M 0	D 7	Y 0	Amount 100.00		
Full Name of Contributor Robert M. Sanders						Registration Number, if PAC			
Street Address 7471 Rodebaugh Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O	H H	Zip Code 43068	M 0	D 7	Y 0	Amount 50.00		
Full Name of Contributor Luther L. Liggett Jr.						Registration Number, if PAC			
Street Address 5053 Grassland Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O	H H	Zip Code 43016	M 0	D 7	Y 0	Amount 325.00		

* 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 \$ 1,200.00