

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Kimberly Fiske					Registration Number, if PAC		
Street Address 7267 Lambton Green		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City New Albany	State O H	Zip Code 43054	M 0 9	D 2 9	Y 0 9	Amount 75.00	
Full Name of Contributor Patrick Merrill					Registration Number, if PAC		
Street Address 5847 Via Susana		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Riverside	State C A	Zip Code 92506	M 0 9	D 2 9	Y 0 9	Amount 100.00	
Full Name of Contributor James Mulhall					Registration Number, if PAC		
Street Address 3143 Wareham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Upper Arlington	State O H	Zip Code 43221	M 0 9	D 2 9	Y 0 9	Amount 100.00	
Full Name of Contributor Kevin Bergen					Registration Number, if PAC		
Street Address 2906 Pickwick Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43221	M 0 9	D 2 9	Y 0 9	Amount 50.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 9	D 3 0	Y 0 9	Amount 3,900.00	
Full Name of Contributor Andrew J. Ruzicho					Registration Number, if PAC		
Street Address 118 Graceland Blvd., Apt. 307		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43214	M 0 9	D 3 0	Y 0 9	Amount 100.00	
Full Name of Contributor Christopher Widing					Registration Number, if PAC		
Street Address 1251 Kenbrook Hills Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 3 0	Y 0 9	Amount 100.00	
Full Name of Contributor Carol S. Kimball					Registration Number, if PAC		
Street Address 1107 Summer Hill Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 3 0	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 \$ 4,525.00