

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Alphonse P. Cincione						Registration Number, if PAC	
Street Address 1126 Ormsby Pl.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43212	M 0	D 5	Y 2 2	Amount 100.00	
Full Name of Contributor Smith & Hale, LLC, c/o Nicholas C. Cavalaris						Registration Number, if PAC	
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 5	Y 2 2	Amount 35.00	
Full Name of Contributor Dean Sivinski						Registration Number, if PAC	
Street Address 1007 Lansmere Lane		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal	
City Columbus	State O H	Zip Code 43220	M 0	D 5	Y 2 6	Amount 50.00	
Full Name of Contributor Michael J. Gorman						Registration Number, if PAC	
Street Address 360 Edgington Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Plain City	State O H	Zip Code 43064	M 0	D 5	Y 2 7	Amount 500.00	
Full Name of Contributor Andrew Ruzicho						Registration Number, if PAC	
Street Address 118 Graceland Blvd., #207		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43214	M 0	D 5	Y 2 7	Amount 50.00	
Full Name of Contributor Wesley Merritt Lampe						Registration Number, if PAC	
Street Address 1577 Cohasset Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Cincinnati	State O H	Zip Code 45255	M 0	D 6	Y 0 5	Amount 50.00	
Full Name of Contributor Damon E. Wetterauer, Jr.						Registration Number, if PAC	
Street Address 151 Walnut Ridge Lane		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville	State O H	Zip Code 43081	M 0	D 6	Y 0 5	Amount 50.00	
Full Name of Contributor R. William Meeks						Registration Number, if PAC	
Street Address 511 S. High Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 6	Y 1 1	Amount 575.00	

* 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)]