Page	11
1 1150	-4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				rinne characteristic and delicities			
Name of Committee in Full							
Hummer for Judge Committee							
Full Name of Contributor			Registrati	on Numbe	er, if PAC		
Alphonse P. Cincione					negoza sinantiinii kajin		
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
1126 Ormsby Pl.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	$O \mid H$	43212	0 5	2 2	0 9		100.00
Full Name of Contributor				ion Numb	er, if PAC	2	
Smith & Hale, LLC, c/o Nicholas	Cavalaris						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
	Employen					Check	
37 West Broad Street	State	Zip Code	I м I	D	Y	Amount	
City		43215	0 5		0 9		35.00
Columbus		43213		ion Numb		~	00.00
Full Name of Contributor			Registrat	ion Numb	ci, ii i A	~	
Dean Sivinski					i i	Form (Cash, Che	ck etc.)
Street Address	Employer/Occupa	ation/Labor Organization*				,	or, 610.)
1007 Lansmere Lane						PayPal	
City	State	Zip Code	М	D	Y	Amount	5 0.00
Columbus	O H	43220	0 5		0 9		50.00
Full Name of Contributor			Registrat	tion Numb	er, if PA	С	
Michael J. Gorman							
Street Address	Employer/Occup	ation/Labor Organization*	•			Form (Cash, Check, etc.)	
360 Edgington Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
Plain City	$O \mid H$	43064	0 5	2 7	0 9		500.00
Full Name of Contributor		10001		tion Numb	er, if PA	C	
Andrew Ruzicho	Employer/Occup	ation/Labor Organization*		Mental and the second s		Form (Cash, Ch	eck, etc.)
Street Address	Employen Geoup	dioir baoor organisarion				Check	
118 Graceland Blvd., #207	Ctata	Zip Code	М	D	Y	Amount	
City	State	1	0 5	I .	0 9		50.00
Columbus	[O H	43214	CONTRACTOR OF THE PARTY OF THE	AND DESCRIPTION OF THE PARTY OF	and the second second second		50.00
Full Name of Contributor Registration Number, if PAC							
Wesley Merritt Lampe					and the Comment District of	E (Cb Cb	a alta ota)
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1577 Cohasset Dr.				·	Y	Check	
City	State	Zip Code	M	D	Y	Amount	*** 0 0 0
Cincinnati	OH	45255	0 6	0 5	0 9		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Damon E. Wetterauer, Jr.							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
151 Walnut Ridge Lane						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43081	0 6	0 5	0 9		50.00
Full Name of Contributor		1 10001		ation Num	- no consumerative constant	The second secon	
R. William Meeks	Employar/Occur	pation/Labor Organization*		·····		Form (Cash, Cl	neck, etc.)
Street Address	Linployer occupation theor organization			Check			
511 S. High Street	CL-L-	IZin Code	М	D	ΙΥ	Amount	
City	State O H	Zip Code	1 .	1 .	0 9	1	575.00
Columbus	I O FI	43215	0 6		and the same of th		J/J.UU

* 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 \$	1,410.00