

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Dr. Nancy L. Schott					Registration Number, if PAC		
Street Address 3488 La Rochelle Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 8	Y 0 9	Amount 100.00	
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	D	Y	Amount	
			1 0	2 8	0 9	5,320.00	
Full Name of Contributor Scot Dewhirst					Registration Number, if PAC		
Street Address 560 E. Town St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 9	Amount 100.00	
Full Name of Contributor Jenna Fischberg					Registration Number, if PAC		
Street Address 4016 Blendon Way Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 2 8	Y 0 9	Amount 100.00	
Full Name of Contributor Plumbers & Pipefitters L.U. 189					Registration Number, if PAC 6220		
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 2 9	Y 0 9	Amount 200.00	
Full Name of Contributor Maria Armstrong					Registration Number, if PAC		
Street Address 872 Pipestone Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43235	M 1 0	D 2 9	Y 0 9	Amount 100.00	
Full Name of Contributor Patrick Flanagan					Registration Number, if PAC		
Street Address 8403 Pewter Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Manlius	State N Y	Zip Code 13104	M 1 0	D 2 9	Y 0 9	Amount 100.00	
Full Name of Contributor William Cleary					Registration Number, if PAC		
Street Address 3536 N. Pine Grove		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Chicago	State I L	Zip Code 60657	M 1 0	D 2 9	Y 0 9	Amount 50.00	

* 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 \$ 6,070.00