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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		State option process should		20110110/2011011010101010101010101010101	Mary management of the second		The second section of the second section of	
Name of Committee in Full								
Hummer for Judge Committee			•				han en	
Full Name of Contributor				Registrat	ion Numl	oer, if PAC		
John S. Horan II					Wasanana wa manana wa Manana		•	
Street Address	Employer	/Occupat	ion/Labor Organization*				Form (Cash, Che	eck, etc.)
2531 Q St. NW, Apt. 305							Check	
City	Sta	ite	Zip Code	М	D	Y	Amount	
		C	20000	0 3	1 6	0 9		50.00
Washington Full Name of Contributor						ber, if PA	C	
Mark Obergfell	Employe	r/Occupat	ion/Labor Organization*				Form (Cash, Che	eck, etc.)
Street Address	Employe	г/ Оссиран	NON/Babor Organization				Check	
658 Green Willow Ct.			7: C-J	M	D	Y	Amount	
City		1	Zip Code	1 .	1 .	1 . 1	, mount	100.00
Fenton	M	O	63026		1 6	ber, if PA	<u> </u>	100.00
Full Name of Contributor				Registra	tion Num	ber, ii PA	C.	
Barry W. Epstein								***************************************
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
580 S. High St., Suite 130							Check	
City	St	ate	Zip Code	М	. D	Y	Amount	
Columbus	0	Н	43215	0 3	1 6	0 9		25.00
Full Name of Contributor						iber, if PA	.C	
Jacob Will	Employe	er/Occupa	tion/Labor Organization*		2000	A CONTRACTOR OF THE PERSONS	Form (Cash, Ch	eck, etc.)
Street Address	Lingioy	on occupa						
2614 Edington Road		ate	Zip Code	М	T D	ΙΥ	Check Amount	
City	i	H	1 -	1 -	1 9	1		100.00
Columbus		11	43215	Desires	orion Nur	nber, if PA		100.00
Full Name of Contributor				Registi	ation ivu	11001, 11 1 2	ic	
Glen A. Dugger					erroren en e	******************	Irs (C) Cl	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1788 Coventry Rd.							Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43212	0 3		0 9		50.00
Full Name of Contributor	ng pagga panggan di samanan panggap di Ababa Salasan			Registr	ation Nu	nber, if PA	AC	
Donald B. Leach Jr.								
Street Address	Employ	er/Occup	ation/Labor Organization*			Maria Ma	Form (Cash, C	heck, etc.)
191 W. Nationwide Blvd., Suite 300	' '		•				Check	
	s	tate	Zip Code	М	D	Y	Amount	
City		H	43215	lota	3 1 1 0	0 9		250.00
Columbus			1 30210	Registr	ration Nu	mber, iî P	AC :	
Full Name of Contributor				10000				
William J. McLoughlin	<u> </u>	10	tion (I -has Oscanization)	l			Borm (Cash C	heck etc.)
Street Address	Employer/Occupation/Labor Organization*			!			Form (Cash, Check, etc.) Check	
6221 Spring Run Dr.					15	1 3/		
City		State	Zip Code	M	D	$\frac{Y}{Q + Q}$	Amount	200.00
Westerville		H	43082	0 3				200.00
Full Name of Contributor				Regist	ration Nu	mber, if P	AC	
Kenneth F. Grimes								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1899 McCoy Road				Check				
City		State	Zip Code	M	D	Y	Amount	
Columbus	0	H	43220	0 4	$4 \mid 0 \mid$	2 0 9		100.00
Colullibus						month of the latest section of	a name of the	NAME OF TAXABLE PARTY OF TAXABLE PARTY.

* 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 To	tal \$	875.	.00