

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Lynn Wolfe Meeks					Registration Number, if PAC		
Street Address 3515 Mann Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 6	D 1 1	Y 0 9	Amount 575.00	
Full Name of Contributor Committee for Judge Hogan					Registration Number, if PAC		
Street Address 865 Macon Alley		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 6	D 1 1	Y 0 9	Amount 500.00	
Full Name of Contributor Kent Markus					Registration Number, if PAC		
Street Address 5636 Indian Hill Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43017	M 0 6	D 1 3	Y 0 9	Amount 100.00	
Full Name of Contributor Barbara Pooley					Registration Number, if PAC		
Street Address 4720 Center Blvd., Apt. 2704		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Long Island City	State N Y	Zip Code 11109	M 0 6	D 1 6	Y 0 9	Amount 75.00	
Full Name of Contributor Patricia Cotter					Registration Number, if PAC		
Street Address 1821 N. Devon Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43212	M 0 6	D 1 7	Y 0 9	Amount 150.00	
Full Name of Contributor Kevin Durkin					Registration Number, if PAC		
Street Address 367 E. Broad St., Suite 506		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43215	M 0 6	D 1 9	Y 0 9	Amount 100.00	
Full Name of Contributor Neil Rosenberg					Registration Number, if PAC		
Street Address 400 Fifth St., Suite 301		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43215	M 0 6	D 1 9	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 0 6	D 1 9	Y 0 9	Amount 2,650.00	

* 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 \$ 4,250.00