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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			SSM Trid distribution in the payer of the payer	Name and Control of the Control of t			
Name of Committee in Full	_						
Hummer for Judge Committee				***************************************		,	
Full Name of Contributor			Registrati	on Numb	er, if PA(-	
Lynn Wolfe Meeks			<u> </u>		Side Control of the C	D //O	
Street Address	Employer/Occupa	ation/Labor Organization*			and the same of th	Form (Cash, Check	, etc.)
3515 Mann Rd.		-				Check	
City	State	Zip Code	М	D		Amount	
Blacklick	0 H	43004		1 1	0 9		575.00
Full Name of Contributor			Registrati	ion Numb	per, if PAC	5	
Committee for Judge Hogan							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
865 Macon Alley						Check	
City	State	Zip Code	M	D	. 1	Amount	
Columbus	OH	43206	0 6	$1 \mid 1$	0 9	P062/03294	500.00
Full Name of Contributor			Registrati	ion Numb	oer, if PA	0	
Kent Markus					December -		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check	ι, etc.)		
5636 Indian Hill Rd.						PayPal	
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH	43017	0 6		0 9		100.00
Full Name of Contributor					ber, if PA	С	
Barbara Pooley							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	k, etc.)
4720 Center Blvd., Apt. 2704						PayPal	
City	State	Zip Code	М	D	Y	Amount	
Long Island City	$N \mid Y$	11109	0 6	1 6	0 9		75.00
Full Name of Contributor			AND DESCRIPTION OF THE PARTY OF	CONTRACTOR OF THE PARTY OF	ber, if PA	C	
Patricia Cotter							
Street Address	Employer/Occup	oation/Labor Organization*	- Harrison Communication Commu			Form (Cash, Checl	k, etc.)
1821 N. Devon Rd.	1				İ	PayPal	
City	State	Zip Code	M	D	Y	Amount	
Columbus	О Н	43212	0 6	1 7	0 9		150.00
Full Name of Contributor					ber, if PA	C	
Kevin Durkin							
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
367 E. Broad St., Suite 506				:	PayPal		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH		1016	1 9	0 9		100.00
Full Name of Contributor					ber, if PA		
Neil Rosenberg							
Street Address	Employer/Occur	oation/Labor Organization*		***************************************	7477 MADONA MADA MENANDANIAN PERSONALA PERSONA	Form (Cash, Chec	k, etc.)
400 Fifth St., Suite 301						PayPal	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	0 6	1 .	1	1	100.00
Full Name of Contributor					ber, if PA		
Contributions from Form 31-E							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount	
		•	1	1	0 9	9	2,650.00
		1		1-1-		* <u>-</u>	·

* 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