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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		•							
Hummer for Judge Committee									
Full Name of Contributor			Registration Number, if PAC						
Contributions from Form 31-E					led robbinson participation and the second				
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
			0 8	2 0	0 9	2,900.00			
Full Name of Contributor			tana pakina kanali katala kanani kanali	ion Numb					
Rebecca Gooch									
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)			
336 S. High Street						Check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	$O \mid H$	43215	0 8	2 0	0 9	100.00			
Full Name of Contributor			CONTRACTOR OF THE PROPERTY OF	ion Numb	STREET,				
Contributions from Form 31-E									
Street Address	Employer/Occupation/Labor Organization*								
	Employer/Occupation Dator Organization					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
			0 8	i	0 9	3,800.00			
Full Name of Contributor			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	ion Numb	INCOMES DESCRIPTION				
			rogistia	vuill	· • · · · · · · · · · · · · · · · · · ·	~			
Jeff Mackey Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)			
•	Employer/Occup	ation/paoor Organization				PayPal			
1538 Melrose Ave.	Stata	Tin Code	Тм	D	Y	Tayrai Amount			
City	State H	Zip Code							
Columbus	ОН	43224	0 8		0 9	200.00			
Full Name of Contributor Registration Num					uer, it PA	.c			
Franklin County Democratic Lawyers			UH	[1164	**************************************	Ir (C. 1. Cl.			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)			
1141 S. High Street	<u> </u>	1				Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	$O \mid H$	43206	0 8		0 9	1,000.00			
Full Name of Contributor Registration Number, if PAC									
Ohio Democratic party State Judicial Account									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
271 E. State Street	<u> </u>			·		Check			
Cíty	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43215	0 8	2 7	0 9	200.00			
Full Name of Contributor				tion Num					
Nicholas Cavaleris									
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)			
590 City Park Ave.						PayPal			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43215	0 8	2 7	0 9	50.00			
Full Name of Contributor			The state of the s	tion Num	CONTRACTOR OF THE PERSON NAMED IN	Control of the Contro			
Contributions from Form 31-E									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
			0 8	2 8	0 9	5,330.00			

Page Total \$ 13,580.00

<sup>\*</sup> 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)]