Page	8
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		***************************************							
Hummer for Judge Committee					or if DA	^			
Full Name of Contributor				Registration Number, if PAC					
Sherry L. Gordon	Е 1	/O	······ // -1 O ' ' *				Form (Cash Cl	alc ata	
• • • • • • • • • • • • • • • • • • • •	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
4529 Tetford Rd.			Ta: 2 1	<del></del>		<u> </u>	Check		
City	Sta		Zip Code	M	D	Y	Amount	400.00	
Columbus	0	H	43220	THE RESERVE OF THE PARTY OF THE	1 3	district make in commission		100.00	
Full Name of Contributor Registration Number, if PAC									
Gregg R. Lewis								akins fra vice sometre, me journe, me journe franches co	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
625 City Park							Check		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	H	43206	0   4	1 3	0 9		150.00	
Full Name of Contributor				Registrat	ion Num	ber, if PA	С		
Luther L. Liggett Jr.									
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)	
5053 Grassland Dr.							Check		
City	Sta	te	Zip Code	М	D	Y	Amount		
Dublin	0	Н	43016	0   4	2 0	0 9		250.00	
Full Name of Contributor						ber, if PA	C		
Vorys, Sater, Seymour & Pease LLP, c/o John Kulewicz OH109									
Street Address							eck, etc.)		
52 East Gay Street		•	-				Check		
City	Sta	ite	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43215	0 4	1	0 9		500.00	
Full Name of Contributor		***************************************		Commence of the Commence of th		ber, if PA	.C		
Wiles, Boyle, Burkholder, Bringardner Co., LPA  CP-1058									
Street Address	Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)				eck, etc.)				
		Стопро					Check	. ,	
300 Spruce Street	Sta	ite.	Zip Code	М	D	Y	Amount		
		Н	43215	$\begin{vmatrix} m \\ 0 \end{vmatrix} 4$		l .	B	1,000.00	
Columbus  Full Name of Contributor	ΙU		I TULIU					1,000.00	
Full Name of Contributor  Registration Number, if PAC									
Herbert R. Brown	Employe	r/Occupa	ation/Labor Organization*	<u> </u>		DESCRIPTION AND DESCRIPTION OF THE PERSONS ASSESSMENT ASSESSMENT OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT AS	Form (Cash, Cl	neck etc.)	
Street Address	Employer/Occupation/Labor Organization*						Check		
1466 Teeway Dr.	Sta	ota .	Zip Code	М	D	ΙΥ	Amount	L	
City		Н	1 '		į i	0 9	B	50.00	
Columbus	LΨ	11	43220	Dagists	tion Nu	ber, if PA	C	JU.UU	
Full Name of Contributor				registra	аон ічції	ioci, ii PF	ıc		
Law Office of Joseph W. Hull							ande ate		
Street Address	Employer/Occupation/Labor Organization*						8	Form (Cash, Check, etc.)	
3793 Broadway	<u> </u>	~ <del></del>	Ia: a I	1 \7	T 70	1 7,	Check		
City	l	ate	Zip Code	M	D	Y	Amount	E0.00	
Grove City		Н	43123	0 4				50.00	
Full Name of Contributor Registration Number, if PAC									
Lucas Prendergas Albright Gibson & Newman, c/o Wm. Newman									
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
600 South High Street	<u></u>				_		Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43215	0   4	2 7	0 9		100.00	

\* 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 \$	2,200.00