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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				V				
Name of Committee in Full								
Hummer for Judge Committee				ion Nami	ber, if PA	C		
Full Name of Contributor			registial	1 AMIIII	v., 11 1 TV	=	•	
Wayne A. Brown	E1	upation/Labor Organization*				Form (Cash, Che	ack etc.)	
Street Address	Employer/Occi	upauom-tauor Organization*					.o., o.o. <i>)</i>	
825 S. Front St.		7: C - I -	13.	<u>r</u>	TV	Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Columbus	$IO \mid H$	43206	$1 \mid 1$	0 3	A CONTRACTOR OF THE PARTY OF TH	C	100.00	
Full Name of Contributor Registration Number, if PAC								
Carlile, Patchen & Murphy LLP								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
366 East Broad Street			T	Г		Check		
City	State	Zip Code	M	D	Y	Amount	000.00	
Columbus	O H	l 43215	1 1	0 3		L	200.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Scott Elliott Smith, LPA						.		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
6235 Enterprise Ct.						Check		
City	State	Zip Code	M	D	Y	Amount	<u> </u>	
Dublin	0 H	d 43016	1 1				250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Neal J. Barkan								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Ch		
405 Westland Ave.						Money	<u>Order</u>	
City	State	Zip Code	М	D	Y	Amount		
Bexley	OLE	43209	1 1	1 3		THE RESERVE THE PROPERTY OF TH	100.00	
Full Name of Contributor					ber, if PA	ıC		
Rosamond M. Davis						KNOWN TO THE REAL PROPERTY OF THE PERTY OF T		
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
385 Ottawa Ave.						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OLE	43081	1 1	1 3	0 9		50.00	
Full Name of Contributor			and the second		ber, if PA			
Thomas O. Ruby								
Street Address	Employer/Occ	cupation/Labor Organization*	- Landing and the same of the			Form (Cash, Ch	eck, etc.)	
1183 South Creekway Court		•				Check		
City City	State	Zip Code	M	D	Y	Amount		
Gahanna	OLE	•	111	1 3	0 9		100.00	
Full Name of Contributor				malana manana manan	iber, if PA	The second secon		
Schwart & Schwart			Distriction (
Street Address	Employer/Occ	cupation/Labor Organization*	<u> </u>			Form (Cash, Ch	ieck, etc.)	
1029 Dublin Road						Check	B .	
	State	Zip Code	М	D	Y	Amount		
Columbus	OF	1	1 1 1		0 9	1	250.00	
Columbus Full Name of Contributor		1 10410						
Full Name of Contributor Registration Number, if PAC								
Lane, Alton & Horst LLC	Employa-10	cupation/Labor Organization*				Form (Cash, Cl	neck retor)	
Street Address Trye Mineracya Place Spite 500	Employer/Oct	Employer Cocupation Education				Check		
Two Miranova Place, Suite 500	C4-4-	Zip Code	М	D	Y	Amount		
Calumiana	State	l l	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$		١	i i	500.00	
Columbus		1 43215		2 4	: j U 9	1	200.00	

* 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 \$ _____1,550.00