

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee									
Full Name of Contributor Wayne A. Brown						Registration Number, if PAC			
Street Address 825 S. Front St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State O H		Zip Code 43206		M D Y 1 1 0 3 0 9		Amount 100.00
Full Name of Contributor Carlile, Patchen & Murphy LLP						Registration Number, if PAC			
Street Address 366 East Broad Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State O H		Zip Code 43215		M D Y 1 1 0 3 0 9		Amount 200.00
Full Name of Contributor Scott Elliott Smith, LPA						Registration Number, if PAC			
Street Address 6235 Enterprise Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin			State O H		Zip Code 43016		M D Y 1 1 0 5 0 9		Amount 250.00
Full Name of Contributor Neal J. Barkan						Registration Number, if PAC			
Street Address 405 Westland Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City Bexley			State O H		Zip Code 43209		M D Y 1 1 1 3 0 9		Amount 100.00
Full Name of Contributor Rosamond M. Davis						Registration Number, if PAC			
Street Address 385 Ottawa Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville			State O H		Zip Code 43081		M D Y 1 1 1 3 0 9		Amount 50.00
Full Name of Contributor Thomas O. Ruby						Registration Number, if PAC			
Street Address 1183 South Creekway Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna			State O H		Zip Code 43230		M D Y 1 1 1 3 0 9		Amount 100.00
Full Name of Contributor Schwartz & Schwartz						Registration Number, if PAC			
Street Address 1029 Dublin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State O H		Zip Code 43215		M D Y 1 1 1 3 0 9		Amount 250.00
Full Name of Contributor Lane, Alton & Horst LLC						Registration Number, if PAC			
Street Address Two Miranova Place, Suite 500			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State O H		Zip Code 43215		M D Y 1 1 2 4 0 9		Amount 500.00

* 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