

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Hummer	-					
Full Name of Contributor Harris, McClellan, Binau & Cox PLL			Registration Number, if I	AC		
Street Address	In a for		<u> </u>	Form (Cash, Check, etc.)		
37 W. Broad Street, Suite 950	Employer/Occu	pation/Labor Organization		Check		
City Columbus	State OH	Zip Code 43215	0 3 1 1 1 5	Amount \$150.00		
Full Name of Contributor Registration Number, if PAC						
Tracy Allen Younkin						
Street Address 577 S. High Street	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check		
City	State	Zip Code	M D Y	Amount		
Columbus	OH	43215	031615	\$100.00		
Full Name of Courributor Vorys Sater Seymour and Pease LLP Registration Number, if PAC						
Street Address	Employer/Occu	pation/Labor Organization	.	Form (Cash, Check, etc.)		
52 E. Gay Street				Check		
City Columbus	State OH	Zip Code 43215	M D Y 5	Amount \$2,500.00		
Full Name of Contributor	· · · · ·		Registration Number, if	PAC		
David H. Thomas						
Street Address	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.)		
511 S. High Street	2			Check		
City	State	Zip Code	M D Y	Amount		
Columbus	ОН	43215		\$200.00		
Full Name of Contributor Registration Number, if PAC						
Andrew E. Lyles	<u> </u>	wind to Occarionian		Form (Cash, Check, etc.)		
Street Address	Employer/Occ	upation/Labor Organization*		Check		
P. O. Box 386	State	Zip Code	M D Y	Amount		
City Groveport	OH.	43125	0 4 0 6 1 5			
Full Name of Contributor	Registration Number, if	PAC				
Allen J. Reis						
Street Address 1304 Amberlea Dr. W	Employer/Occ	upation/Labor Organization		Form (Cash, Check, etc.) Check		
City	State	Zip Code	M D Y	Amount		
Gahanna	OH	43230	1 1 1			
Full Name of Contributor	<u> </u>		Registration Number, if	PAC		
Lawrence L. Levinson						
Street Address	Employer/Occ	upation/Labor Organization		Form (Cash, Check, etc.)		
4477 Ackerly Farm Road				Check		
Ciry New Albany	State OH	Zip Code 43054	0 4 0 6 1 5	Amount \$100.00		
Full Name of Contributor Registration Number, if PAC						
Steven A. Larson						
Street Address 4967 Smoketalk Lane	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M D Y 0 4 1 3 1	Amount 5 \$100.00		

Page Total \$3,500.00

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 also appear. [R.C. 3517.10(B)(4)]