Page	4	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N		<u>Section of the section of the secti</u>	*						
Name of Committee in Full									
Hummer for Judge Committee					Designation Number if PAC				
Name of Contributor					Registration Number, if PAC				
Contributions from Form 31-E	- Tr. 1 /0					· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*						roim (Casil, Check, cic.)		
	St. t.	17:	C-1-	M	D	Ý	Amount		
City	State	Zip	Code	1	1			4,795.00	
				0 3	1 1 ion Numl			4,/ 20.00	
Full Name of Contributor				Registra	ion ivuin	Jei, II i Av			
Mark A. Coleman							Form (Cash, Check, etc.)		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*					Check		
4215 Shire Cove Rd.								Amount	
City	State	1 -	Code	M	D		Amoun	100.00	
Hilliard	0 F	1 1 4	43026	0 3			C	100.00	
Full Name of Contributor			š	Registra	tion Num	ber, ii PA	C		
Lawrence Hummer							Form (Cash, Ch	uola eta \	
Street Address	Employer/Occ	cupation	/Labor Organization*				B .	eck, etc.)	
61 S. Paint St.		1			1 5		Check		
City	State	. 1 -	Code	M	D	Y	Amount	600.00	
Chillicothe	1 O F	1 4	45601	0 3				600.00	
Full Name of Contributor				Registra	tion Num	ber, ii PA	.C		
Lawrence A. Riehl							E (Cosh Ch	ande ata)	
Street Address	Employer/Oc				Form (Cash, Check, etc.)				
500 South Front Street, Suite 200		1			1 2	1 1/	Check		
City	State		p Code	M	D	Y	Amount	250.00	
Columbus	1 0	1]	43215	0 3				250.00	
Full Name of Contributor Registration Number, if PAC									
Tyack, Blackmore & Liston Co., LPA	,c/o Thom	nas N	A. Iyack		Miloid r/onormarae **		Farm (Cook Cl	ande ota	
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
536 South High Street		1		7 37	T D	ΙΥ	Check		
City	State		p Code	M	D	1	Amount	250.00	
Columbus		H	43215	0 3		AN TOURSMAN PROPERTY.	NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	230.00	
Full Name of Contributor				Registra	ation Nun	ider, it PF	AC .		
Tom Lindsey							Francisco (Control	and ato	
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4740 Strayer Drive		1 1				T 37	PayPal		
City	State	1	ip Code	M	D	Y	Amount	250.00	
Hilliard		H	43026		1 5			250.00	
Full Name of Contributor				Kegistr	ation Nun	1001, 11 P/	T		
Andrew E. Lyles	<u> </u>						Form (Cash C	heck etc.)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
P. O. Box 386		7,	· C. 1	1 14	n	Y	Check		
City	State		ip Code	M	D		1	100.00	
Groveport	$ O ^{2}$	Ηļ	43125	0 3	ation Nur			100.00	
Full Name of Contributor				Registi	auon Nür	noci, ii Pa	n.		
Christopher J. Minnillo	P		and shor Organization*			Name de la companio	Form (Cash C	liack etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
1500 W. Third Ave., Suite 210	State Zip Code M D Y					Check Amount			
City	State	H	-		1 .	i .	1	100.00	
Columbus	0 .	T T	43212	0 3	CONTRACTOR OF THE PARTY OF THE	THE RESERVE AND PARTY AND PARTY.	······································	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 \$ 6.445.00