

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee										
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
							0	3	1	4,795.00
Full Name of Contributor Mark A. Coleman						Registration Number, if PAC				
Street Address 4215 Shire Cove Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard			State O H		Zip Code 43026		M	D	Y	Amount
							0	3	1	100.00
Full Name of Contributor Lawrence Hummer						Registration Number, if PAC				
Street Address 61 S. Paint St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Chillicothe			State O H		Zip Code 45601		M	D	Y	Amount
							0	3	1	600.00
Full Name of Contributor Lawrence A. Riehl						Registration Number, if PAC				
Street Address 500 South Front Street, Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43215		M	D	Y	Amount
							0	3	1	250.00
Full Name of Contributor Tyack, Blackmore & Liston Co., LPA, c/o Thomas M. Tyack						Registration Number, if PAC				
Street Address 536 South High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43215		M	D	Y	Amount
							0	3	1	250.00
Full Name of Contributor Tom Lindsey						Registration Number, if PAC				
Street Address 4740 Strayer Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal			
City Hilliard			State O H		Zip Code 43026		M	D	Y	Amount
							0	3	1	250.00
Full Name of Contributor Andrew E. Lyles						Registration Number, if PAC				
Street Address P. O. Box 386			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Groveport			State O H		Zip Code 43125		M	D	Y	Amount
							0	3	1	100.00
Full Name of Contributor Christopher J. Minnillo						Registration Number, if PAC				
Street Address 1500 W. Third Ave., Suite 210			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43212		M	D	Y	Amount
							0	3	1	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