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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			THE PROPERTY OF THE PROPERTY O	eticles, and a print to the second				
Hummer for Judge Committee Full Name of Contributor				Registrati	on Number	er. if PAC		
				1 cogsistino		.,		
John L. Tanoury	Trlassant	Ossumet	ion/Labor Organization*				Form (Cash, C	heck etc.)
Street Address	Employer	Occupat	ion/Lauor Organization				Check	meen, etc.)
1010 Old Henderson Road, Suite 1			7' 0 1	1 1	D	Y	Amount	
City	Stat		Zip Code	M	1		Milount	250.00
Columbus	$\mid O \mid$	Н	43220	0 2	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	0 9		250.00
Full Name of Contributor				Registrati	ion Numb	er, if PAC	;	
Dennis W. McNamara						and the same of th		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2966 Fairlington Dr.							Check	
City	Stat	e	Zip Code	M	D		Amount	
Columbus	0	Н	43220	0 2	2 5	0 9		100.00
Full Name of Contributor		Mikiminnikopros nasas mid		Registrat	ion Numb	eŗ, if PAG	7	
Lawrence Hummer			•			. •		
Street Address	Employer	Forn (Form (Cash, C	theck, etc.)		
1798 Ridgeview Rd.	Zimple) with a company to a com						Check	
City	Sta	te	Zip Code	M.	D	Y	Amount	·
	0	Н	43221	0 2	2 5	0 9		1,000.00
Upper Arlington Full Name of Contributor			TO 2.6.1		ion Numb			a a constant management
				1.1.8.1.1.1				
Scott R. Roberts	Tlove	/Occupa	tion A abor Organization*		M 10-11-10-and architect	na committee inter	Form (Cash, C	heck etc.)
Street Address	Employer/Occupation/Labor Organization*			Check			, , , ,	
1625 Bethel Rd., Suite 102				7 74	M D Y Amount			
City	Sta		Zip Code	1			/AHOUH	E7E 00
Columbus	$\mid O \mid$	Н	43220	0 2				575.00
Full Name of Contributor				Registra	tion Numl	oer, ii PA	C	
Harris, McClellan, Binau & Cox, c/o R	alph E	<u>. Dill</u>			NATURAL CONTROL OF THE PARTY OF			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	
37 West Broad Street, Suite 950							Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43215	0 2	2 7	0 9		100.00
Full Name of Contributor	naning and a second second second second			Registra	tion Num	bei, if PA	C	
Brian W. Harter								
Street Address	Employer				Form (Cash,	Check, etc.)		
2291 Scioto Harper Dr.							Check	
City	Sta	ite	Zip Code	M	.D	Y	Amount	
Columbus		H	43204	0 2	2 7	0 9		50.00
Full Name of Contributor		Záldoló közümnes (1977)	-XUZ-(O X	Registra	tion Num	ber, if PA	.C	THE PERSON NAME OF THE PERSON NAMED IN COLUMN
Y								
Angela Albert Brown	Employe	r/Occup	ation/Labor Organization*			STOCKET BANKET	Form (Cash,	Check, etc.)
Street Address	Employer/Occupation/Labor Organizarion*						Check	
536 S. High Street			[a. a. t.	M	D	T Y	Amount	•
City	Sta		Zip Code	1 '	i		1	100.00
Columbus		H	43215	$0 \mid 2$	2 7			100.00
Full Name of Contributor				Kegistra	auon Num	per, if PA	NC.	
Tunney Lee King					000000	antiativ ration		CI : 1
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
380 S. Fifth St.						·y	Check	_
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43215	0 2	2 7	0 9		150.00

* 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 \$ 2,325.00