

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee												
Full Name of Contributor Denise M. Larr						Registration Number, if PAC						
Street Address 455 Slate Run Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Powell		State O H		Zip Code 43065		M 0 9		D 1 4		Y 0 9		Amount 100.00
Full Name of Contributor Mark S. Yurick						Registration Number, if PAC						
Street Address 1078 Glosser Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Lebanon		State O H		Zip Code 45036		M 0 9		D 1 4		Y 0 9		Amount 100.00
Full Name of Contributor Jay R. Powell						Registration Number, if PAC						
Street Address 4568 Arlingate Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43220		M 0 9		D 1 4		Y 0 9		Amount 100.00
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 9		1 5		0 9		2,100.00
Full Name of Contributor James J. Hughs III						Registration Number, if PAC						
Street Address 270 S. Dawson Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 9		D 1 8		Y 0 9		Amount 75.00
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., LPA						Registration Number, if PAC CP-1058						
Street Address 300 Spruce Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 9		D 1 8		Y 0 9		Amount 1,500.00
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 9		1 8		0 9		110.00
Full Name of Contributor Daniel C. McKean						Registration Number, if PAC						
Street Address 5940 Kilbury-Huber Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Plain City		State O H		Zip Code 43064		M 0 9		D 1 8		Y 0 9		Amount 25.00

* 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 \$ 4,110.00