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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							ating menanggan panggan dan atawa kematan negara panggan penggan penggan penggan penggan penggan penggan pengga Penggan penggan pengga		
Hummer for Judge Committee									
Full Name of Contributor				Registra	tion Numb	er, if PA	C		
Denise M. Larr						-, • • •			
Street Address	Employer	/Occupa	ation/Labor Organization*	_	mensika emussimma amilian	***************************************	Form (Cash, Check, etc.)		
455 Slate Run Dr.			Č				Check		
City	Sta	ite	Zip Code	М	D	Y	Amount		
Powell	0	Н	43065	0 9	1 1	0 9	100.00		
Full Name of Contributor					tion Numb				
Mark S. Yurick									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
1078 Glosser Rd.						Check			
City	Sta	ite	Zip Code	М	D	Y	Amount		
Lebanon	0	Н	45036	0 9	$1 \mid 4$	0 9	100.00		
Full Name of Contributor				control contro	tion Numl	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	Control of the Contro		
Jay R. Powell					***************************************				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
4568 Arlingate Dr.							Check		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	Н	43220	0 9	CATALOGUE AND COMPANIES AND CO	0 9	100.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	С		
Contributions from Form 31-E			A. A			oo			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
	ļ			1	1				
City	Sta	ate	Zip Code	M	D		Amount		
				0 9		0 9	2,100.00		
Full Name of Contributor Registration Number, if PAC									
James J. Hughs III Street Address	Employe	r/Occurs	ation/Labor Organization*	<u> </u>		Maryon and the second second	Form (Cash, Check, etc.)		
	Employer/Occupation/Labor Organization*						Check		
270 S. Dawson Avenue	Sta	ate.	Zip Code	М	D	Y	Amount		
	O	Н	43215		$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 8$	$\begin{vmatrix} 1 \\ 0 \end{vmatrix} 9$	N .		
Columbus Full Name of Contributor	ΙU	T. T.	40410						
Street Address									
300 Spruce Street		= 00up					Form (Cash, Check, etc.)  Check		
City	Sta	ate	Zip Code	M	D	Y	Amount		
Columbus		Н	43215		1 8	1			
Full Name of Contributor					ation Num				
Contributions from Form 31-E						•			
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
		ŕ							
City	Sta	ate	Zip Code	М	D	Y	Amount		
				0 9	1 8	0 9	110.00		
Full Name of Contributor		anticios di la minima cacio		Registra	ation Num	The second secon			
Daniel C. McKean					***************************************	DIANTIAN DO ANTONIO			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
5940 Kilbury-Huber Rd.						Check			
City	Sta	ate	Zip Code	M	D	Y	Amount		
Plain City	0	H	43064	09	1 8	0 9	25.00		

Page Total \$ 4,110.00

<sup>\*</sup> 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)]