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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				(mana dispersional dispersionale dispersional dispersional dispersional dispersional dispersiona	and the comment of the state of the state of			
Hummer for Judge Committee								
Full Name of Contributor			Registra	tion Numl	per, if PA	C		
M.S. Kornacker Trustee								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
1294 Fountaine Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	$O \mid H$	43221	THE RESERVE OF THE PERSON OF T	3 0	0 9	200.00		
Full Name of Contributor Registration Number, if PAC								
I.B.E.WC.O.P.E.								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
900 Seventh Street, N.W.	<u> </u>			·		Check		
City	State	Zip Code	M	D	Y	Amount		
Washington	$\mid D \mid C$	20001		0 5		500.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Robert J. Beggs								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
8221 Millhouse Lane	<u> </u>			T		Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	O H	43016	nana di kanasana nanaha nanaha	0 5	CONTRACTOR OF THE PARTY OF THE	200.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Robert B. Thornton								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
2088 Tremont Road		Ta			ı—	Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43221	1 0	CONTRACTOR OF THE PARTY OF THE	0 9	50.00		
Full Name of Contributor Registration Number, if PAC								
Javitch, Block & Rathbone	Tm. 1 22							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
1100 Superior Avenue, 19th Floor	S	72. 0.1		T ~	1 37	Check		
City	State	Zip Code	M	D	Y	Amount		
Cleveland	$O \mid H$	44114	$1 \mid 0$	m) second control cont	STANDARD CONTRACTOR CO	Carrick Colombia, prior transcription of the colombia of the c		
	Full Name of Contributor Registration Number, if PAC							
Marcee C. McCreary	IE10:	ation/Labor Organization*		erangerous compensa	200.000 (000000) (0000000000	Form (Cash, Check, etc.)		
Street Address	Empioyer/Occup	auon/Lador Organization*						
2607 Eastcleft Dr.	Ctata	Tin Code	1 14	T P	Ιν	Check		
Columbra	State	Zip Code 43221	M	D O 7	$\begin{bmatrix} Y \\ O \end{bmatrix} O$	Amount		
Columbus Full Name of Contributor	I O H	43221		0 7 ation Num				
			Registra	mon Ivum	oci, ii PA			
Deborah Pryce Street Address	Employer/Occur	ation/Labor Organization*			demonstration	Form (Cash, Check, etc.)		
	Employer/Occup	adoli/Laudi Organization						
601 Pennsylvania Ave., NW, No. 504	State	Zip Code	М	D	Y	Check Amount		
Washington	D C	20004		0 7	$\begin{vmatrix} 1 \\ 0 \end{vmatrix} 9$	250.00		
VV asnington Full Name of Contributor		J 4000 1		tion Num				
Stephen S. Francis			ixogisti a	vii 14ulli	, 11 1 M			
Street Address	Employer/Occur	pation/Labor Organization*			***************************************	Form (Cash, Check, etc.)		
6345 Cragie Hill Ct.	Zinpioyen Occup	anon Euror Organization				Check		
City	State	Zip Code	M	D	Y	Amount		
Dublin	O H	43017		0 7	0 9	8		
		1 301/	$II \cup O$	101/	」ロータ	₁		

Page Total \$ 1,600.00

^{*} 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)]