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Page	//

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

-	·							
Name of Committee in Full								
Hummer for Judge Committee			Registratio	Registration Number, if PAC				
Full Name of Contributor								
Kathryn E. Masters	Employer/Occupat	ion/Labor Organization*			I	Form (Cash, Che	ck, etc.)	
Street Address	Employer/Occupat	IOIFERDOI OIGUIZZUOII				Check		
2028 Andover Road	State	Zip Code	ТМ	D	Y	Amount		
City	OH	43212	0 9		0 9		25.00	
Columbus		40212	Registration			3		
Full Name of Contributor			2					
S. Kurz	IT	tion/Labor Organization*		and the second second		Form (Cash, Cho	eck, etc.)	
Street Address	Employer/Occupa	HOLF Eabor Organization				Check		
2060 Wickford Rd.	St. t-	Zip Code	М	D	Y	Amount		
City		_	1 1		0 9		25.00	
Upper Arlington	0   П	43221	Registrati			C		
Full Name of Contributor			i Cogisti ati	on runno	.,			
Erin T. Reish		tion/Labor Organization*		***************************************		Form (Cash, Ch	eck, etc.)	
Street Address	Employer/Occupa	mon/Labor Organization				Check		
1604 Grenoble Rd.		Zip Code	М	D	Y	Amount		
City	State	1		1 8			25.00	
Columbus	OH	43221		ion Numb		C	20.00	
Full Name of Contributor			Registrat	ion i vanic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0		
Deborah L. Fischer		Vi /I show Organization*		NAME OF TAXABLE PARTY.	gymatoca tompodami	Form (Cash, Ch	neck, etc.)	
Street Address	Employer/Occupation/Labor Organization*					Check	, ,	
5235 Hampton Lane		[27 . C . 1 ·	M	D	Y	Amount		
City	State	Zip Code		1 8	1		50.00	
Columbus	OH	43220	Registrat	tion Num	her if PA	C	00.00	
Full Name of Contributor			ilegistia.	don i vani	001, 11 1 1			
Cheryl S. Godard				***************************************		Form (Cash, C	heck, etc.)	
Street Address	Employer/Occupation/Labor Organization*				Check			
2030 Cambridge Blvd.		Tg: (0.1)	М	D	Y	Amount		
City	State	Zip Code	$\begin{vmatrix} \mathbf{n} \\ 0 \end{vmatrix} 9$	Ι.	i .		100.00	
Upper Arlington	$\mid O \mid H$	43221		tion Num			100.00	
Full Name of Contributor			Rogistia	ition I vani				
Amiee Wagner						Form (Cash, C	heck, etc.)	
Street Address	Employer/Occupation/Labor Organization*					Cash	, ,	
239 Harbinger Drive		[7], C-1.	М	D	Y	Amount		
City	State	Zip Code		1 8		8	50.00	
Groveport	OH	43125	Pagistro	1 1   O	her if P	AC.	00.00	
Full Name of Contributor		Ce	IX Cgistia	ation 14un	1001, 11 1			
Anonymous Cash Donation - U	nable to clarify a	rter inquiry			rango, analonistano	Form (Cash, C	Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				Cash			
		77. 0-1-		D	ΙΥ	Amount		
City	State	Zip Code	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9$	1 .	i .	l l	25.00	
				ation Nur			20.00	
Full Name of Contributor			Registi	ation iva	11001, 11 1			
Contributions from Form 31-E	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		,,				
		Izi- Codo	M	D	Y	Amount		
City	State	Zip Code	0 9			§ .	400.00	
		did-tee If contributor is self-			CONTRACTOR PROPERTY AND ADDRESS OF THE PARTY A	A STATE OF THE PARTY OF THE PAR	200.00	

\* 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	\$ 700.00