

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee									
Full Name of Contributor Kathryn E. Masters						Registration Number, if PAC			
Street Address 2028 Andover Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43212		M 0 9		D 1 8	
						Y 0 9		Amount 25.00	
Full Name of Contributor S. Kurz						Registration Number, if PAC			
Street Address 2060 Wickford Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Upper Arlington		State O H		Zip Code 43221		M 0 9		D 1 8	
						Y 0 9		Amount 25.00	
Full Name of Contributor Erin T. Reish						Registration Number, if PAC			
Street Address 1604 Grenoble Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43221		M 0 9		D 1 8	
						Y 0 9		Amount 25.00	
Full Name of Contributor Deborah L. Fischer						Registration Number, if PAC			
Street Address 5235 Hampton Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43220		M 0 9		D 1 8	
						Y 0 9		Amount 50.00	
Full Name of Contributor Cheryl S. Godard						Registration Number, if PAC			
Street Address 2030 Cambridge Blvd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Upper Arlington		State O H		Zip Code 43221		M 0 9		D 1 8	
						Y 0 9		Amount 100.00	
Full Name of Contributor Amiee Wagner						Registration Number, if PAC			
Street Address 239 Harbinger Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Groveport		State O H		Zip Code 43125		M 0 9		D 1 8	
						Y 0 9		Amount 50.00	
Full Name of Contributor Anonymous Cash Donation - Unable to clarify after inquiry						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City		State		Zip Code		M 0 9		D 1 8	
						Y 0 9		Amount 25.00	
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 0 9		D 2 4	
						Y 0 9		Amount 400.00	

* 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