31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full											
Hummer for Judge Committee											
Full Name of Contributor							Registration Number, if PAC				
Lantz & Lipp, c/o James Lantz											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
123 S. Broad Street										Check	
City	State	Zip Code	M		D		Y			Amount	
Lancaster	OH	43130	0	2	2	7	0	9		100.00	
Full Name of Contributor							Registration Number, if PAC				
Jeffrey A. Berndt											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
575 S. High Street										Check	
City	State	Zip Code	M		D		Y			Amount	
Columbus	OH	43215	0	2	2	7	0	9		500.00	
Full Name of Contributor							Registration Number, if PAC				
Robert J. Beggs											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
8221 Millhouse Lane										Check	
City	State	Zip Code	M		D		Y			Amount	
Dublin	OH	43016	0	2	2	7	0	9		200.00	
Full Name of Contributor							Registration Number, if PAC				
Donald F. Kelch, Jr.											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
5216 Dierker Road										Check	
City	State	Zip Code	M		D		Y			Amount	
Columbus	OH	43220	0	3	0	2	0	9		250.00	
Full Name of Contributor							Registration Number, if PAC				
James K. Hunter III											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
673 Mohawk St., Suite 400										Check	
City	State	Zip Code	M		D		Y			Amount	
Columbus	OH	43206	0	3	0	2	0	9		100.00	
Full Name of Contributor							Registration Number, if PAC				
Thomas L. Long											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
2565 Leeds Road										Check	
City	State	Zip Code	M		D		Y			Amount	
Columbus	OH	43221	0	3	0	2	0	9		150.00	
Full Name of Contributor							Registration Number, if PAC				
Sherri Blank Lazear											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
258 N. Parkview Ave.										Check	
City	State	Zip Code	M		D		Y			Amount	
Bexley	OH	43209	0	3	0	2	0	9		150.00	
Full Name of Contributor							Registration Number, if PAC				
Mularski Bonham Dittmer & Phillips LLC, c/o Jeffrey Dittmer											
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
107 W. Johnstown Rd.										Check	
City	State	Zip Code	M		D		Y			Amount	
Gahanna	OH	43230	0	3	0	5	0	9		250.00	

* 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 $ 1,700.00