

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee									
Full Name of Contributor Allen J. Reis						Registration Number, if PAC			
Street Address 3250 Knoll Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 0	Y 7	Amount 100.00		
Full Name of Contributor Clark P. Pritchett, Jr.						Registration Number, if PAC			
Street Address 4185 Chadbourne Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43220	M 1	D 0	Y 7	Amount 50.00		
Full Name of Contributor Regina Drzewiecki						Registration Number, if PAC			
Street Address 5771 Wooden Plank Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O	H H	Zip Code 43026	M 1	D 0	Y 7	Amount 100.00		
Full Name of Contributor Michael McCord						Registration Number, if PAC			
Street Address 811 Strawberry Hill Rd. W.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43213	M 1	D 0	Y 9	Amount 50.00		
Full Name of Contributor Robert Moazampour						Registration Number, if PAC			
Street Address 2374 Fishinger Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 1	D 0	Y 9	Amount 200.00		
Full Name of Contributor Andrew Palmer						Registration Number, if PAC			
Street Address 2861 S. Dorchester Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Columbus	State O	H H	Zip Code 43221	M 1	D 0	Y 3	Amount 50.00		
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	H	Zip Code	M	D	Y	Amount 2,250.00		
Full Name of Contributor John P. Johnson Law Office, LLC, c/o John P. Johnson						Registration Number, if PAC			
Street Address 501 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 1	D 0	Y 5	Amount 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)]