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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. Committee in Fall							
Name of Committee in Full							
Hummer for Judge Committee		Registratio	Registration Number, if PAC				
Full Name of Contributor			Registratio	n i vamo	, n 1110		
Robert Holodnak	IT!	ation/Labor Organization*		***************************************	Tr	Form (Cash, Che	ck etc)
Street Address	Employer/Occup	atton/Labor Organization			,	PayPal	ok, cic.)
2483 Coventry Road		Iz. 6 1	- I W T	D	Y	Amount	
City	State	Zip Code	M		R .	Amount	100.00
Columbus	O H	43221	0 6 2	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	0 9	7	100.00
Full Name of Contributor			Registratio	n Numbe	er, ii PAC		
Jonathan Kass				Address and the	7	C (C1 Cl-	-14.
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
19 Wiveliscombe						PayPal	
City	State	Zip Code	M	D		Amount	7 F 00
New Albany	<u> </u>	43054			0 9		75.00
Full Name of Contributor			Registratio	n Numb	er, if PAC	C	
Joel Buck						van 1800 kilokadaran da araban ang ang ang	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1502 Cardiff Rd.						PayPal	
City	State	Zip Code	М	D		Amount	
Columbus	OH	43221	0 6	2 2	0 9		100.00
Full Name of Contributor			Registratio	on Numb	er, if PAG	С	
Sandy Marshall						**************************************	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2760 Oakridge Ct.				PayPal			
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	0 6	2 2	0 9		50.00
Full Name of Contributor			Registrati	on Numt	er, if PA	С	
Kathleen Geary							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Cl	eck, etc.)		
1412 N. Meade St.						PayPal	
City	State	Zip Code	М	D	Y	Amount	
Arlington	$V \mid A$	22209	0 6	2 2	0 9		575.00
Full Name of Contributor			Registrati	on Numl	oer, if PA	.C	
James Harper							
Street Address	Employer/Occu	pation/Labor Organization*	Annual Marian	iamano cum piderento		Form (Cash, Cl	neck, etc.)
2411 Sheringham						PayPal	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 H	43220	0 6	2 3	0 9		100.00
Full Name of Contributor			Registrat				
Deborah McKean							
Street Address	Employer/Occu	pation/Labor Organization*	L			Form (Cash, C	heck, etc.)
5940 Kilbury Huber Rd.			Check				
	State	Zip Code	М	D	Y	Amount	
City Plain City	OH	1 .	0 6	2 4	0 9		25.00
Plain City O FI 43064 O 6 2 4 0 9 25 Full Name of Contributor Registration Number, if PAC							
Full Name of Controllor							
Thomas Fischer Street Address				heck, etc.)			
1	PayPal						
5235 Hampton Lane	State	Zip Code	М	D	Y	Amount	
City	OH	4	0 6	,	0 9	§	100.00
Columbus		1 4044U	1010	14 ±	1012	l name of the	100.00

* 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 \$	1,125.00