V-	1/1
Page	TO.

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Hummer for Judge Committee				TO THE PARTY OF TH
			Registration Number, if Pa	AC
Full Name of Contributor	/ a Camerral Ch	omoneku		
Samuel H. Shamansky Co., LPA, c	/ O Samuel Sh	upation/Labor Organization	*	Form (Cash, Check, etc.)
Street Address	Employer/Occ	upation/Labor Organization		Check
511 South High Street			T V D V	Amount
City	State	Zip Code	M D Y	i i
Columbus	0 1	ł 43215	0 5 1 5 0 9	
Full Name of Contributor			Registration Number, if P	AC
Steven S. Nolder				
Street Address	Employer/Occupation/Labor Organization*		*	Form (Cash, Check, etc.)
				Check
4176 Cloudberry Ct.	State	Zip Code	M D Y	Amount
City	0 1	. 1	0 5 1 5 0 9	50.00
Hilliard		1 43020	Registration Number, if F	The state of the s
Full Name of Contributor			Rogistiation Frames, 12	
Clark P. Pritchett Jr.			_	Form (Cash, Check, etc.)
Street Address	Employer/Oc	cupation/Labor Organization	1*	
4185 Chadbourne Dr.				Check
City	State	Zip Code	M D Y	Amount
Columbus	0 1	1 43220	0 5 1 5 0 9	9 100.00
Full Name of Contributor			Registration Number, if I	PAC
Contributions from Form 31-E				
	Employer/Oc	cupation/Labor Organization	n*	Form (Cash, Check, etc.)
Street Address	2			
	Stoto	Zip Code	M D Y	Amount
City	State	Zip Code		
			0 5 1 9 0 Registration Number, if	The second secon
Full Name of Contributor			Registration Number, in	TAC
Contributions from Form 31-E				
Street Address	Employer/O	ccupation/Labor Organizatio	n*	Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
City			0 5 2 0 0	9 2,030.00
Full Name of Contributor			Registration Number, if	PAC
li de la companya de			-	
Joseph Durham	[Employer/O	ccupation/Labor Organization	nn*	Form (Cash, Check, etc.)
Street Address	Employeno	coupation buoof organization		PayPal
612 E. Dominion Blvd.		7: 0.1	M D Y	Amount
City	State	Zip Code	1 1 1	B C
Columbus	0	H 43214	0 5 2 1 0	71 100.00
Full Name of Contributor			Registration Number, if	PAC
Jennifer R. Luckett				
Street Address	Employer/C	ccupation/Labor Organization	on*	Form (Cash, Check, etc.)
5686 Havens Corners Rd.				Check
	State	Zip Code	M D Y	Amount
City	0	H 43230	0 5 2 2 0	9 100.00
Gahanna		10200	Registration Number, it	
Full Name of Contributor				
Bruce R. Henke	rt//	Januarian I abor Organizati	on*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		ion .	Check
34 W. Poplar Ave., Unit 402			MDY	
City	State	I -	1 1 , 1 ,	g a
Columbus		H 43215	0 5 2 2 0	9 250.00
			salt amplement the accumetion and	

* 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 \$	4,435.00