Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				ers in a ningerous year and an incident				
Name of Committee in Full								
Hummer for Judge Committee	MODELAND BOLOGODO DO SERVICIO DE SERVICIO			Dagistrat	ion Numb	er, if PAC	7	
Full Name of Contributor		*		Registrat	ion ivami	ei, ii FAC	-	
William McNally				L	*		Control	1
Street Address	Employe	r/Occupat	tion/Labor Organization*				Form (Cash, Chec	ck, etc.)
6437 Upper Lake Circle				·			Check	
City	Sta		Zip Code	M .	D	. 8	Amount	
Westerville	0	Н	43082	0 4	0 2			50.00
Full Name of Contributor Registration Number, if PAC								
Barbara L. Nini								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Ched	ck, etc.)
600 Yaronia Drive North							Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43214	0 4	0 2	0 9		100.00
Full Name of Contributor						ber, if PA	C	
David J. Kennedy								
Street Address	Emplove	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
3218 Mountview Road			<u> </u>				Check	*
City	St	ate	Zip Code	М	D	Y	Amount	
		Н	43221	$0 \mid 4$	0 2	1 . [100.00
Upper Arlington Full Name of Contributor			TJ441			ber, if PA	l C	100.00
				Trog.stra	11011 1 (0111	001, 11 1 1 1		
James P. Ryan	Employe	r/Ossuns	tion/Labor Organization*	L			Form (Cash, Che	ck_etc.)
Street Address	Employe	я/Оссира	tion/Labor Organization				Check	ck, cic.)
7310 Snowberry Lane			Iz: 0.1	1 1/	I D	Y		
City		ate ≀ ∟	Zip Code	M	D		Amount	100.00
Canal Winchester		H	43110		0 2			100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
James B. Guinan						·		
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1049 Medhurst Rd.							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43220	$0 \mid 4$	0 2	0 9		50.00
Full Name of Contributor		200000000000000000000000000000000000000		Registra	tion Num	iber, if PA	.C	
Catherine P. Schilling								
Street Address	Employe	er/Occupa	ation/Labor Organization*			27-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Form (Cash, Che	eck, etc.)
4570 Coach Road							Check	
City	S	tate	Zip Code	M	D	Y	Amount	
Columbus		H	43220	0 4	016	0 9		100.00
Full Name of Contributor						ber, if PA		
Robert R. Dunn								
Street Address	Employe	ег/Оссир	ation/Labor Organization*	1		and the second s	Form (Cash, Che	eck, etc.)
	Linpioy	C 20up					Check	. /
1764 Edgemont Rd.		tate	Zip Code	M	D	ΤΥ	Amount	
Colorations	l l	H	43212	I .	1 .	1	I	100.00
Columbus	<u> </u>	7.1	1 43212	0 4				100.00
Full Name of Contributor Registration Number, if PAC								
Gary S. Batke	Tr. 1	- /0	-4: // -1 O : - : : : : *				Form (Cash, Che	ack ato
Street Address	Employ	er/Occup	ation/Labor Organization*				B	cck, etc.)
885 Cordero Lane			7		1 ==	7	Check	
City	1 _	tate	Zip Code	M	D	Y	Amount	400.00
Gahanna		H	43230	$0 \mid 4$	0 6	0 9		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	\$ 700.00