Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Hummer for Judge Committee Full Name of Contributor			Ragistro	ition Numb	er if DA	C
			Kegistra	MOH INUME	M, II FA	
Thomas Fischer Street Address	Ir1/Ossa	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occup	ation/Labor Organization*				` ' ' '
5235 Hampton Ln.	0	Ta: 0.1	1 37	1 5 1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	PayPal
City	State	Zip Code	M	D	Y	Amount
Columbus		43220	$1 \mid 0$		0 9	50.00
Full Name of Contributor			Registra	ition Numb	er, if PA	C
Contributions from Form 31-E						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
		Y		·		
City	State	Zip Code	M	D	Y	Amount
			1 0	and an annual contract of the last of the	0 9	1,101.00
Full Name of Contributor			Registra	ation Numb	er, if PA	С
Contributions from Form 31-E						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			1 0	2 1	0 9	2,555.00
Full Name of Contributor			Registra	ation Numb	oer, if PA	С
Robert J. Behal						
Street Address	Employer/Occup	oation/Labor Organization*	all representations.		one of the control of	Form (Cash, Check, etc.)
2531 Brentwood Rd.						Check
City	State	Zip Code	M	D	Y	Amount
Bexlev	OH	43209	1 0	2 2	0 9	250.00
Full Name of Contributor			Registra	ation Numl	ber, if PA	C
Andrew C. Smith						
Street Address	Employer/Occup	oation/Labor Organization*	Salvien van amerika	mas meneres massadopsido		Form (Cash, Check, etc.)
52 E. Gay St.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	$O \mid H$	43215	1 0	2 2	0 9	100.00
Full Name of Contributor			**************	ation Numl	CHECK AND THE PROPERTY.	
David M. Neubauer						
Street Address	Employer/Occup	pation/Labor Organization*		ano-moreopeana vocalpan	dy galaysan meebulay en 227 y	Form (Cash, Check, etc.)
365 N. Cassady Ave.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	$O \mid H$	43209	1110	2 2	0 9	100.00
Full Name of Contributor		1020/		ation Num		
Thomas E. McClain					,	
Street Address	Employer/Occur	oation/Labor Organization*			Maria de la composition della	Form (Cash, Check, etc.)
2607 Wexford Rd.						Check
City	State	Zip Code	M	T D	ΙΥ	Amount
Columbus	OH	43221	1 0	1 .	0 9	100.00
Full Name of Contributor		J TULLI	CONTRACTOR	ation Num	NAME OF TAXABLE PARTY.	
Linda Leah Reibel			i Cgisti	adon I tuill	ooi, 11 1 A	
Street Address	Employer/Occur	pation/Labor Organization*		assessivitation to the second		Form (Cash, Check, etc.)
	Employer/Occup	Janois Labor Organization				Check
39 Orchard Drive	State	Zip Code	М	D	Y	Amount
City IAZauthin atom			1 .	I .		3
Worthington	OH	43085	1 U	2 2	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	\$	4,356.00