

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Kort Gatterdam					Registration Number, if PAC		
Street Address 10159 Archer Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43017	M 0 4	D 2 7	Y 0 9	Amount 50.00	
Full Name of Contributor Joseph Durham					Registration Number, if PAC		
Street Address 612 E. Dominion Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43214	M 0 4	D 2 8	Y 0 9	Amount 100.00	
Full Name of Contributor Douglas S. Morgan					Registration Number, if PAC		
Street Address 784 Marburn Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 5	D 0 1	Y 0 9	Amount 50.00	
Full Name of Contributor Nancy Ferguson					Registration Number, if PAC		
Street Address 4789 Yantis Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Money Order		
City New Albany	State O H	Zip Code 43054	M 0 5	D 0 1	Y 0 9	Amount 500.00	
Full Name of Contributor William Joseph Rees					Registration Number, if PAC CP-1058		
Street Address 1332 Inglis Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 5	D 0 1	Y 0 9	Amount 100.00	
Full Name of Contributor Joseph L. Mas					Registration Number, if PAC		
Street Address 439 Colonial Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 5	D 0 1	Y 0 9	Amount 100.00	
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	Zip Code	M 0 5	D 0 1	Y 0 9	Amount 9,410.00	
Full Name of Contributor Jeffrey Porter					Registration Number, if PAC		
Street Address 2528 Bloxom St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Grove City	State O H	Zip Code 43123	M 0 5	D 0 4	Y 0 9	Amount 150.00	

* 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 \$ 10,460.00