

FILED

09 DEC 28 AM 9:33

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Hummer for Judge Committee</b>							Registration Number, if PAC			
Full Name of Candidate <b>Mark Hummer</b>										
Street Address <b>1795 Edgemont Road</b>					Office Sought <b>Municipal Court Judge</b>			District		
City <b>Columbus</b>							State <b>O</b>	H	Zip Code <b>43212</b>	
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year	
	July		August		September		Termination		Semiannual	
	Monthly		Monthly		Monthly					
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M <b>1</b>	D <b>1</b>	Y <b>0 3 0 9</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 99,850.16
3. Total other income (From Form No. 31-A-2)	\$ 5,461.90
4. Total funds available (sum of lines 1, 2, 3)	\$ 105,312.06
5. Total monetary expenditures (From Form No. 31-B)	\$ 19,895.94
6. Balance on hand (line 4 minus line 5)	\$ 85,416.12
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 6,718.83
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 5,461.90
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

*Steph L. Ball* Treasurer

*[Signature]*

*12/22/09*  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 0

Expenditure pages 0

Other pages 2

Total pages 2

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
<b>Hummer for Judge Committee</b>			
Full Name of Contributor <b>Mark Hummer</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>1795 Edgemont Rd.</b>	Description of Item or Service <b>Food &amp; Beverages</b>	M   D   Y <b>0   3   1   1   0   9</b>	Fair Market Value <b>131.76</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43212</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>SMD/HLS Bonding Company, LLC</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>c/o Jon Handler, 571 S. High St.</b>	Description of Item or Service <b>Food &amp; Beverages</b>	M   D   Y <b>0   4   2   8   0   9</b>	Fair Market Value <b>1,186.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Chester, Willcox &amp; Saxbe</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>65 E. State St., Suite 1000</b>	Description of Item or Service <b>Marketing Services</b>	M   D   Y <b>0   6   1   6   0   9</b>	Fair Market Value <b>146.08</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Mark Hummer</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>1795 Edgemont Rd.</b>	Description of Item or Service <b>ANC Sports Apparel</b>	M   D   Y <b>0   6   2   5   0   9</b>	Fair Market Value <b>278.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43212</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Koffel &amp; Jump</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>2130 Arlington Ave.</b>	Description of Item or Service <b>Food &amp; Beverages</b>	M   D   Y <b>0   6   2   5   0   9</b>	Fair Market Value <b>2,556.27</b>
City <b>Upper Arlington</b>	State   Zip Code <b>O   H   43221</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Mark Hummer</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>1795 Edgemont Rd.</b>	Description of Item or Service <b>Golf-Sponsor a Hole</b>	M   D   Y <b>0   7   1   6   0   9</b>	Fair Market Value <b>100.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43212</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Chester, Willcox &amp; Saxbe</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>65 E. State St., Suite 1000</b>	Description of Item or Service <b>Marketing Services</b>	M   D   Y <b>0   7   2   0   0   9</b>	Fair Market Value <b>960.28</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Steven L. Ball</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>4314 Donington Drive</b>	Description of Item or Service <b>Food &amp; Beverages</b>	M   D   Y <b>0   8   2   0   0   9</b>	Fair Market Value <b>100.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43220</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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)]

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Hummer for Judge Committee</b>				
Full Name of Contributor <b>Mark Vannatta</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>2170 Waltham Rd.</b>		Description of Item or Service <b>Food &amp; Beverages</b>		M   D   Y   Fair Market Value <b>0   8   2   8   0   9   400.00</b>
City <b>Columbus</b>		State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43221</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>John Bentine</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>1880 Arlington Ave.</b>		Description of Item or Service <b>Food &amp; Beverages</b>		M   D   Y   Fair Market Value <b>0   9   0   9   0   9   237.13</b>
City <b>Columbus</b>		State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43212</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Lori Bentine</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>1880 Arlington Ave.</b>		Description of Item or Service <b>Food &amp; Beverages</b>		M   D   Y   Fair Market Value <b>0   9   0   9   0   9   237.13</b>
City <b>Columbus</b>		State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43212</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Patti Dunn</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>6821 Ravine Circle</b>		Description of Item or Service <b>Food &amp; Beverages</b>		M   D   Y   Fair Market Value <b>0   9   0   9   0   9   61.18</b>
City <b>Worthington</b>		State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43085</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>John Raphael</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>444 S. Front St.</b>		Description of Item or Service <b>Food &amp; Beverages</b>		M   D   Y   Fair Market Value <b>1   0   1   4   0   9   325.00</b>
City <b>Columbus</b>		State <input type="radio"/> O   <input type="radio"/> H	Zip Code <b>43215</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]