

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee						
Full Name of Contributor M.S. Kornacker Trustee				Registration Number, if PAC		
Street Address 1294 Fountaine Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43221	M 0 9	D 3 0	Y 0 9	Amount 200.00
Full Name of Contributor I.B.E.W.-C.O.P.E.				Registration Number, if PAC		
Street Address 900 Seventh Street, N.W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Washington	State D C	Zip Code 20001	M 1 0	D 0 5	Y 0 9	Amount 500.00
Full Name of Contributor Robert J. Beggs				Registration Number, if PAC		
Street Address 8221 Millhouse Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 1 0	D 0 5	Y 0 9	Amount 200.00
Full Name of Contributor Robert B. Thornton				Registration Number, if PAC		
Street Address 2088 Tremont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 5	Y 0 9	Amount 50.00
Full Name of Contributor Javitch, Block & Rathbone				Registration Number, if PAC		
Street Address 1100 Superior Avenue, 19th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cleveland	State O H	Zip Code 44114	M 1 0	D 0 5	Y 0 9	Amount 50.00
Full Name of Contributor Marcee C. McCreary				Registration Number, if PAC		
Street Address 2607 Eastleft Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 7	Y 0 9	Amount 150.00
Full Name of Contributor Deborah Pryce				Registration Number, if PAC		
Street Address 601 Pennsylvania Ave., NW, No. 504		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Washington	State D C	Zip Code 20004	M 1 0	D 0 7	Y 0 9	Amount 250.00
Full Name of Contributor Stephen S. Francis				Registration Number, if PAC		
Street Address 6345 Cragie Hill Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1 0	D 0 7	Y 0 9	Amount 200.00

* 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)]