

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee						
Full Name of Contributor Samuel H. Shamansky Co., LPA, c/o Samuel Shamansky				Registration Number, if PAC		
Street Address 511 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 5	Y 0 9	Amount 575.00
Full Name of Contributor Steven S. Nolder				Registration Number, if PAC		
Street Address 4176 Cloudberry Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 5	D 1 5	Y 0 9	Amount 50.00
Full Name of Contributor Clark P. Pritchett Jr.				Registration Number, if PAC		
Street Address 4185 Chadbourne Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0 5	D 1 5	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 1 9	Y 0 9	Amount 1,230.00
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 2 0	Y 0 9	Amount 2,030.00
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 5	D 2 1	Y 0 9	Amount 100.00
Full Name of Contributor Jennifer R. Luckett				Registration Number, if PAC		
Street Address 5686 Havens Corners Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 5	D 2 2	Y 0 9	Amount 100.00
Full Name of Contributor Bruce R. Henke				Registration Number, if PAC		
Street Address 34 W. Poplar Ave., Unit 402		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 2	Y 0 9	Amount 250.00

* 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)]