

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | |
|--|-----------------------|---|--|---|------------------------|
| Name of Committee in Full Hummer for Judge Committee | | | | | |
| Full Name of Contributor Robert C. Bannerman LLC | | | | Registration Number, if PAC | |
| Street Address 2362 Bridlewood Blvd. | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 8 0 9 | Amount 30.00 |
| City Obetz | State O H | Zip Code 43207 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor G. Gary Tyack | | | | Registration Number, if PAC | |
| Street Address 427 Pittsfield Drive | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 8 0 9 | Amount 50.00 |
| City Worthington | State O H | Zip Code 43085 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Ron P. Kauffman | | | | Registration Number, if PAC | |
| Street Address 10233 Southfork Lane | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 8 0 9 | Amount 50.00 |
| City Powell | State O H | Zip Code 43065 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Umberto A. Debeneditto, Jr. | | | | Registration Number, if PAC | |
| Street Address 2176 Victoria Park Dr. | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 8 0 9 | Amount 50.00 |
| City Columbus | State O H | Zip Code 43235 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Albert A. Gabel | | | | Registration Number, if PAC | |
| Street Address 7190 Coffman Road | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 8 0 9 | Amount 50.00 |
| City Dublin | State O H | Zip Code 43017 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Janet A. Grubb | | | | Registration Number, if PAC | |
| Street Address 4062 Georgesville Wrightsville Road | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 8 0 9 | Amount 50.00 |
| City Grove City | State O H | Zip Code 43123 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Bill R. Hedrick | | | | Registration Number, if PAC | |
| Street Address 535 West First Avenue | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 8 0 9 | Amount 50.00 |
| City Columbus | State O H | Zip Code 43215 | | Form(Cash,Check,etc) Check | |

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 330.00