

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 Sean Maxfield				Registration Number, if PAC			
Street Address 825 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Cash			
Full Name of Contributor Larry Riehl				Registration Number, if PAC			
Street Address 500 S. Front St, Suite 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Eric Hoffman				Registration Number, if PAC			
Street Address 338 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Paul Morrison				Registration Number, if PAC			
Street Address 3055 Cleveland Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	30.00
City Columbus		State O H	Zip Code 43224	Form(Cash,Check,etc) Cash			
Full Name of Contributor Charles Price				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Jim McGovern				Registration Number, if PAC			
Street Address 604 E. Rich, Sutie 2100		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Mark Serrott				Registration Number, if PAC			
Street Address 502 S. Third St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
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 \$ 480.00