

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 Samuel R. Horner				Registration Number, if PAC	
Street Address 106 Buttles Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 4 2 8 0 9	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor James R. Horner					
Street Address 700 N. Park St.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y	Amount		
		0 4 2 8 0 9	100.00		
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Myron N. Terlecky					
Street Address 6332 Oisin Court				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y	Amount		
		0 4 2 8 0 9	100.00		
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel D. Connor					
Street Address 1788 Lake Shore Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y	Amount		
		0 4 2 8 0 9	100.00		
City Columbus		State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Philip Kaufman					
Street Address 1979 Haverton Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y	Amount		
		0 4 2 8 0 9	100.00		
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Craigg E. Gould					
Street Address 205 Fallis Road				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y	Amount		
		0 4 2 8 0 9	100.00		
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Barnhart					
Street Address 213 Fisher Graduate Res. 2B				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y	Amount		
		0 4 2 8 0 9	100.00		
City Notre Dame		State I N	Zip Code 46556	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 \$ 700.00