

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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|----------------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------|--------------------------------------|---------------|
| Name of Committee in Full Hummer for Judge Committee | | | | | |
| Full Name of Contributor Linda Mauger | | | | Registration Number, if PAC | |
| Street Address 2043 N. Devon Road | Employer/Occupation/Labor Organization* | | M 0 | D 7 | Y 1 |
| City Columbus | State O | Zip Code 43212 | Amount 75.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor William S. Lazarow | | | | Registration Number, if PAC | |
| Street Address 400 S. 5th Street, Suite 301 | Employer/Occupation/Labor Organization* | | M 0 | D 7 | Y 1 |
| City Columbus | State O | Zip Code 43215 | Amount 50.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Mark A. Coleman | | | | Registration Number, if PAC | |
| Street Address 4215 Shire Cove Road | Employer/Occupation/Labor Organization* | | M 0 | D 7 | Y 1 |
| City Hilliard | State O | Zip Code 43026 | Amount 50.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor James B. Nugent | | | | Registration Number, if PAC | |
| Street Address 25 Noe Bixby Rd., Apt. 101 | Employer/Occupation/Labor Organization* | | M 0 | D 7 | Y 1 |
| City Columbus | State O | Zip Code 43213 | Amount 35.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Wayne A. Lewis | | | | Registration Number, if PAC | |
| Street Address 476 Hanford St. | Employer/Occupation/Labor Organization* | | M 0 | D 7 | Y 1 |
| City Columbus | State O | Zip Code 43207 | Amount 250.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Kathleen L. Seibert | | | | Registration Number, if PAC | |
| Street Address 1806 Edgemont Road | Employer/Occupation/Labor Organization* | | M 0 | D 7 | Y 1 |
| City Columbus | State O | Zip Code 43212 | Amount 50.00 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor James F. Mason, M.D. | | | | Registration Number, if PAC | |
| Street Address 3421 River Rhone Lane | Employer/Occupation/Labor Organization* | | M 0 | D 7 | Y 1 |
| City Columbus | State O | Zip Code 43221 | Amount 75.00 | 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 \$ 585.00