

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Committee to Re-Elect Judge Hummer				
Full Name of Contributor			Registration Number, if PAC	
R. Drake Sneed				
Street Address	Employer/Occupation/Labor Organization*		M	D
1910 Suffolk Rd.			0	6
City	State	Zip Code	Y	Amount
Columbus	OH	43221	1	\$75.00
			1	
			5	
			Form (Cash, Check, etc.)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Catherine M. Armstrong				
Street Address	Employer/Occupation/Labor Organization*		M	D
1267 Pepperell Dr.			0	6
City	State	Zip Code	Y	Amount
Columbus	OH	43235	1	\$75.00
			1	
			5	
			Form (Cash, Check, etc.)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Bart A. Williams				
Street Address	Employer/Occupation/Labor Organization*		M	D
2574 Shrewsbury Road			0	6
City	State	Zip Code	Y	Amount
Columbus	OH	43221	1	\$50.00
			1	
			5	
			Form (Cash, Check, etc.)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Kevin C. Shannon			OH 1505	
Street Address	Employer/Occupation/Labor Organization*		M	D
8575 Winding Creek Way			0	6
City	State	Zip Code	Y	Amount
Pickerington	OH	43147	1	\$50.00
			1	
			5	
			Form (Cash, Check, etc.)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Thomas A. Ward				
Street Address	Employer/Occupation/Labor Organization*		M	D
1693 Cardiff Rd.			0	6
City	State	Zip Code	Y	Amount
Upper Arlington	OH	43221	1	\$50.00
			1	
			5	
			Form (Cash, Check, etc.)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Eric S. Friedman				
Street Address	Employer/Occupation/Labor Organization*		M	D
2611 Berwyn Rd.			0	6
City	State	Zip Code	Y	Amount
Columbus	OH	43221	1	\$50.00
			1	
			5	
			Form (Cash, Check, etc.)	
			Check	
Full Name of Contributor			Registration Number, if PAC	
Marlene Wilcox Wells				
Street Address	Employer/Occupation/Labor Organization*		M	D
2596 Chester Rd.			0	6
City	State	Zip Code	Y	Amount
Upper Arlington	OH	43221	1	\$100.00
			1	
			5	
			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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 450.00