

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 Luftman, Heck & Associates, LLP			Registration Number, if PAC	
Street Address 580 East Rich Street	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor David P. Rieser			Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Shaw & Miller, Attorneys at Law, c/o Douglas Shaw			Registration Number, if PAC	
Street Address 555 City Park Ave.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Ross & Midian, c/o Brian W. Ross			Registration Number, if PAC	
Street Address 577 South High Street	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Ira B. Sully			Registration Number, if PAC	
Street Address 844 South Front Street	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Jamie C. Pickens			Registration Number, if PAC	
Street Address 2531 Tiller Lane, Suite C	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43231	Form(Cash,Check,etc) Check	
Full Name of Contributor Dominic Mango dba Mango Law			Registration Number, if PAC	
Street Address 5649 Van Wert Dr.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 9	Amount 50.00
City Hilliard	State O H	Zip Code 43026	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 \$ 425.00