

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 Jeffrey McClelland				Registration Number, if PAC	
Street Address 1013 Dublin Road		Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Erin T. Reish				Registration Number, if PAC	
Street Address 1604 Grenoble Road		Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Murphy				Registration Number, if PAC	
Street Address 1610 Ardwick Road		Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Newhouse, Prophater, Letcher & Moots, LLC				Registration Number, if PAC	
Street Address 5025 Arlington Center Blvd., #400		Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 150.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Isaac, Brant, Ledman & Teetor, LLP				Registration Number, if PAC	
Street Address 250 East Broad Street		Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor David Decapua				Registration Number, if PAC	
Street Address 2115 Ellington Road		Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Donna K. Mason				Registration Number, if PAC	
Street Address 1570 London Drive		Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221		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