

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 M. Amicon					Registration Number, if PAC		
Street Address 1208 Northwest Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Douglas T. Anderson					Registration Number, if PAC		
Street Address 2525 Winbledon Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert M. Cody					Registration Number, if PAC		
Street Address 238 E. Lincoln Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Frederick E. Hubbell					Registration Number, if PAC		
Street Address 6159 Emberwood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Renee E. McClain					Registration Number, if PAC		
Street Address 3414 Randmore Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert E. Curtin Jr.					Registration Number, if PAC		
Street Address 7013 Wynfield Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City Blacklick		State O H	Zip Code 43004	Form(Cash,Check,etc) Check			
Full Name of Contributor Theresa E. Boyle					Registration Number, if PAC		
Street Address 2838 Margate Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	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 \$ 550.00