

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Hummer for Judge Committee</b>					
Full Name of Contributor <b>Patricia Schmucki Barker</b>				Registration Number, if PAC	
Street Address <b>1698 Berkshire Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   2   5   0   9</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Sharon Taylor</b>				Registration Number, if PAC	
Street Address <b>2175 Cambridge Blvd.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   2   5   0   9</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Bob Kennedy</b>				Registration Number, if PAC	
Street Address <b>2743 Mount Holyoke Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   2   5   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Carole N. Chidester</b>				Registration Number, if PAC	
Street Address <b>1800 Cambridge Blvd.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   2   5   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>William E. McNary</b>				Registration Number, if PAC	
Street Address <b>2024 Andover Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   2   5   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Emily R. Chidester</b>				Registration Number, if PAC	
Street Address <b>2770 Chester Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   2   5   0   9</b>	Amount <b>100.00</b>
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Janet K. Grosso</b>				Registration Number, if PAC	
Street Address <b>1874 Guilford Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   2   5   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 800.00