

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 Bill Clark Electric, Ltd.					Registration Number, if PAC		
Street Address 467 Oakland Park 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 James P. Simpson					Registration Number, if PAC		
Street Address 1888 Ridgeview Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Marc L. Price					Registration Number, if PAC		
Street Address P. O. Box 131		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 Peggy A. Pardi					Registration Number, if PAC		
Street Address 4755 Widner Ct.		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 Charles J. Goodburn					Registration Number, if PAC		
Street Address 2897 Neil Ave., Apt. 381B		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	30.00
City Columbus		State O	H	Zip Code 43202	Form(Cash,Check,etc) Check		
Full Name of Contributor Thomas N. Kahler					Registration Number, if PAC		
Street Address 2231 Shoreham Road		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 C. Bisciotti					Registration Number, if PAC		
Street Address 6059 Homewell St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	30.00
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 \$ 410.00