

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 Thomas N. Kahler				Registration Number, if PAC			
Street Address 2231 Shoreham Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
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 Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City Blacklick		State O H	Zip Code 43004	Form(Cash,Check,etc) Check			
Full Name of Contributor Kevin G. Rooney				Registration Number, if PAC			
Street Address 3 High park Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City Elgin		State S C	Zip Code 29045	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	7	1	25.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Rockne A. Amicon				Registration Number, if PAC			
Street Address 34 E. Whittier St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor John I. Cadwallader				Registration Number, if PAC			
Street Address 1826 Upper Chelsea Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	75.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Nicole Linn Kelly				Registration Number, if PAC			
Street Address 1977 Wyandotte Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	100.00
City Columbus		State O H	Zip Code 43212	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 \$ 325.00