

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 A. Scott Norman			Registration Number, if PAC		
Street Address 2357 Brandon Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Upper Arlington	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Ronald L. Rowland			Registration Number, if PAC		
Street Address 821 Old Woods Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43235	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Gary E. Davis			Registration Number, if PAC		
Street Address 6959 Perry Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Worthington	State O	Zip Code 43085	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas B. Ridgley			Registration Number, if PAC		
Street Address 52 E. Gay Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Christina M. Landolfi			Registration Number, if PAC		
Street Address 2006 Chatfield Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Charles S. DeRousie			Registration Number, if PAC		
Street Address 2232 Bryden Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Bexley	State O	Zip Code 43209	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor William J. Pohlman			Registration Number, if PAC		
Street Address 74 South Stanwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Bexley	State O	Zip Code 43209	Amount 100.00	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