

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 William S. Lazarow				Registration Number, if PAC	
Street Address 945 Vernon Rd.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Carol A. Wright				Registration Number, if PAC	
Street Address 1413 Buena Vista St.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 0 9	Amount 50.00
City Pittsburgh	State P A	Zip Code 15212		Form(Cash,Check,etc) Check	
Full Name of Contributor Barry W. Wilford				Registration Number, if PAC	
Street Address 481 E. Sycamore St.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel D. Connor				Registration Number, if PAC	
Street Address 1788 Lake Shore Dr.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43204		Form(Cash,Check,etc) Check	
Full Name of Contributor David C. Young				Registration Number, if PAC	
Street Address 495 S. High St., Suite 400		Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel G. Rohletter				Registration Number, if PAC	
Street Address 3881 Surrey Hill Pl.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Dennis W. McNamara				Registration Number, if PAC	
Street Address 3966 Fairlington Dr.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43220		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