

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 Gary S. Batke				Registration Number, if PAC			
Street Address 885 Cordero Ln.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 75.00
City Gahanna	State O	H H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory N. Finnerty				Registration Number, if PAC			
Street Address 6013 Round Tower Lane		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 50.00
City Columbus	State O	H H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Patrick M. Fleming				Registration Number, if PAC			
Street Address 2128 Poplar St.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor George C. Luther				Registration Number, if PAC			
Street Address 536 S. High St.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 75.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor John William Ferron				Registration Number, if PAC			
Street Address 6262 Deeside Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 75.00
City Dublin	State O	H H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Rick Daniell				Registration Number, if PAC			
Street Address 1660 NW Professional Plaza #A		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 125.00
City Columbus	State O	H H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Nicholas Miller				Registration Number, if PAC			
Street Address 4084 Kenny Rd.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 150.00
City Columbus	State O	H 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 \$ 650.00