

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 Mary Clare Bauer				Registration Number, if PAC	
Street Address 1798 Ridgeview Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Upper Arlington	State O	Zip Code 43221	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Lawrence L. Hummer				Registration Number, if PAC	
Street Address 61 S. Paint St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Chillicothe	State O	Zip Code 45601	Amount 300.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian P. Donovan				Registration Number, if PAC	
Street Address 144 Ravine Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Powell	State O	Zip Code 43065	Amount 25.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Kevin D. Cull				Registration Number, if PAC	
Street Address 345 Safreed Way	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Powell	State O	Zip Code 43065	Amount 25.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Terry M. Brown				Registration Number, if PAC	
Street Address 940 Northwest Blvd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Douglas L. Murray				Registration Number, if PAC	
Street Address 30 Riverside Dr. SE	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Galloway	State O	Zip Code 43119	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Charles F. Freiburger				Registration Number, if PAC	
Street Address 2435 Lane Woods Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43220	Amount 50.00	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 \$ 725.00