

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 Michael C. Allbritain				Registration Number, if PAC			
Street Address 1866 Northwest Blvd., Apt. A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	20.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Frederick A. Vierow				Registration Number, if PAC			
Street Address 6670 Haymore Avenue West		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Alisa M. Savko				Registration Number, if PAC			
Street Address 675 Lindsey Marie Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	250.00
City Columbus		State O H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary K. Fenlon				Registration Number, if PAC			
Street Address 85 Cressingham Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) Check			
Full Name of Contributor Donald S. Klco				Registration Number, if PAC			
Street Address 225 E. North Broadway Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Edward J. Cox/Cox, Koltak & Gibson, LLP				Registration Number, if PAC			
Street Address 5 E. Long St., Suite 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Columbus Franklin County, AFL-CIO PCE				Registration Number, if PAC			
Street Address 1545 Alum Creek Drive, 2nd Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	500.00
City Columbus		State O H	Zip Code 43209	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 \$ 1,270.00