

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 Steven Larson				Registration Number, if PAC	
Street Address 283 S. 3rd St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	1	0	9
			Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Albert J. Bell				Registration Number, if PAC	
Street Address 7007 Temperance Point St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Westerville	State O	Zip Code 43082	1	0	9
			Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Frederick D. Benton, Jr.				Registration Number, if PAC	
Street Address 786 S. Front St., Suite 204	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43206	1	0	9
			Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor The Owen Firm, LLC				Registration Number, if PAC	
Street Address 5354 N. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43214	1	0	9
			Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Kevin Durkin				Registration Number, if PAC	
Street Address 367 E. Broad St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	1	0	9
			Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mike Falts				Registration Number, if PAC	
Street Address 33 E. Schrock Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Westerville	State O	Zip Code 43081	1	0	9
			Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Jeff Moore				Registration Number, if PAC	
Street Address 326 S. High Street, Suite 300	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	1	0	9
			Form(Cash,Check,etc) Cash		Amount 50.00

* 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 \$ 675.00