

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 Rick Piatt				Registration Number, if PAC			
Street Address 713 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Mark Welling				Registration Number, if PAC			
Street Address 12850 Blamer Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Steve Martin				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	40.00
City Columbus		State O	H	Zip Code	Form(Cash,Check,etc) Cash		
Full Name of Contributor Mike Cull				Registration Number, if PAC			
Street Address 3443 Broadway Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	40.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Cash		
Full Name of Contributor Jerry Roderick				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	40.00
City Columbus		State O	H	Zip Code	Form(Cash,Check,etc) Cash		
Full Name of Contributor Craig Raphael				Registration Number, if PAC			
Street Address 1603 Green Friar Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Cash		
Full Name of Contributor Matt Halloy				Registration Number, if PAC			
Street Address 52 W. Whittier St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Cash		

* 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

2,100.00

Total expenditures this event

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Page Total \$ 320.00