

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 Patrick M. Fleming						Registration Number, if PAC			
Street Address 2128 Poplar St.		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						0	4	2	50.00
City Columbus		State O H	Zip Code 43207		Form(Cash,Check,etc) Check				
Full Name of Contributor Steven Mathless						Registration Number, if PAC			
Street Address 150 East Mound St., Suite 308		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						0	4	2	75.00
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Check				
Full Name of Contributor Edward J. Leonard						Registration Number, if PAC			
Street Address P. O. Box 1104		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						0	4	2	75.00
City Columbus		State O H	Zip Code 43216		Form(Cash,Check,etc) Check				
Full Name of Contributor Janie E. Roberts						Registration Number, if PAC			
Street Address 350 S. High St., Suite 200		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						0	4	2	100.00
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Check				
Full Name of Contributor Jo E. Kaiser						Registration Number, if PAC			
Street Address 389 Library Ct.		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						0	4	2	100.00
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Check				
Full Name of Contributor Douglas A. Funkhouser						Registration Number, if PAC			
Street Address 1560 Vanelm St.		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						0	4	2	100.00
City Columbus		State O H	Zip Code 43228		Form(Cash,Check,etc) Check				
Full Name of Contributor Michael Shawn Dingus						Registration Number, if PAC			
Street Address 213 Powhatan Ave.		Employer/Occupation/Labor Organization*				M	D	Y	Amount
						0	4	2	100.00
City Columbus		State O H	Zip Code 43204		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 \$ 600.00