

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Hummer					
Full Name of Contributor Chadwick T. Irving				Registration Number, if PAC	
Street Address 753 Mohawk St.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$50.00
Full Name of Contributor Katie L. Rings				Registration Number, if PAC	
Street Address 5037 Cosgray Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin		State OH	Zip Code 43016	Y 2	Amount \$50.00
Full Name of Contributor Joseph L. Mas, Attorney at Law				Registration Number, if PAC	
Street Address 330 South High Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 844 South Front Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$50.00
Full Name of Contributor Blaise Baker				Registration Number, if PAC	
Street Address 600 S. High St., Suite 201		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
Full Name of Contributor John J. Mackinnon				Registration Number, if PAC	
Street Address 88 West Main Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
Full Name of Contributor Thomas P. Pappas & Associates				Registration Number, if PAC	
Street Address 66 East Lynn Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	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 also 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.

\$0.00

\$0.00

Page Total \$ 350.00