

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 Ralph W. Anderson				Registration Number, if PAC	
Street Address 4469 Summit Ridge Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor P. Brent Wrightsel				Registration Number, if PAC	
Street Address 2245 Tremont Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Judy C. Laning				Registration Number, if PAC	
Street Address 1981 Bedford Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Melinda B. Westfall				Registration Number, if PAC	
Street Address 1670 Doone Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor James P. Simpson				Registration Number, if PAC	
Street Address 1888 Ridgeview Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Stuart R. Jones				Registration Number, if PAC	
Street Address 1988 Edgemont Rd. N.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Gayle H. Miller				Registration Number, if PAC	
Street Address 2296 Cheltenham Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	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 \$ 700.00