

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 Tom Lindsey				Registration Number, if PAC	
Street Address 4740 Strayer Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Alvin Mathews				Registration Number, if PAC	
Street Address 2291 Clifton Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Bexley	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Douglas E. Graff				Registration Number, if PAC	
Street Address 13391 Havens Corners Rd.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Pataskala	State O H	Zip Code 43062		Form(Cash,Check,etc) Check	
Full Name of Contributor William L. Willis, Jr.				Registration Number, if PAC	
Street Address 141 E. Town St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Michael P. Graney				Registration Number, if PAC	
Street Address 1 Riverside Plaza, 9th Floor		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Bricker & Eckler LLP PAC, c/o David M. Whittaker				Registration Number, if PAC C00165522	
Street Address 100 S. Third St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Cleve M. Johnson				Registration Number, if PAC	
Street Address 495 S. High St., Suite 400		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 400.00
City Columbus	State O H	Zip Code 43215		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 \$ 1,450.00