

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 Elizabeth Turrell Farrar				Registration Number, if PAC			
Street Address 2345 Brentwood Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel J. Minor				Registration Number, if PAC			
Street Address 2151 Sheringham Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor David Swift				Registration Number, if PAC			
Street Address 990 Rutland Way		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Worthington		State O	H H	Zip Code 43085		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert N. Webner				Registration Number, if PAC			
Street Address 4689 Cavendish Court		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) Check	
Full Name of Contributor John B. Weimer				Registration Number, if PAC			
Street Address 2292 Dorset Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Cynthia Vaughn				Registration Number, if PAC			
Street Address 2640 Coventry Road		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Vorys, Sater, Seymour and Pease LLP				Registration Number, if PAC OH109			
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 1,000.00
City Columbus		State O	H 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 \$ 1,550.00