

# 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 Michael F. Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M   D   Y   0   4   2   2   1   5	Amount \$75.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Contributions of \$25.00 or Less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   0   4   2   2   1   5	Amount \$25.00
City	State	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eric Hoffman			Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M   D   Y   0   4   2   2   1   5	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Cash Contributions of \$25.00 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   0   4   2   2   1   5	Amount \$105.00
City	State	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

\* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 255.00