

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 Albert L. Bell					Registration Number, if PAC		
Street Address 7499 Red Maple Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	75.00
City Westerville		State O	H	Zip Code 43082		Form(Cash,Check,etc) Check	
Full Name of Contributor Janet A. Grubb					Registration Number, if PAC		
Street Address 4062 Georgesville Wrightsville Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City Grove City		State O	H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor James M. Groner					Registration Number, if PAC		
Street Address 567 Laurel Ridge Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City Gahanna		State O	H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Janet E. Jackson					Registration Number, if PAC		
Street Address 2865 Castlewood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	150.00
City Columbus		State O	H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Jay H. Leshner					Registration Number, if PAC		
Street Address 118 S. Cassady		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	250.00
City Bexley		State O	H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor William L. Mielke					Registration Number, if PAC		
Street Address 4255 Kersey Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	75.00
City Columbus		State O	H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Amy B. Dunn					Registration Number, if PAC		
Street Address 1764 Edgemont Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	75.00
City Columbus		State O	H	Zip Code 43212		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 \$ 825.00