

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 Craig E. Gould			Registration Number, if PAC	
Street Address 1111 Grandview Ave.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$200.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark C. Collins Co., LPA			Registration Number, if PAC	
Street Address 492 S. High St., 3rd Floor	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens to Elect Mike Schadek			Registration Number, if PAC	
Street Address 1537 Guilford Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard A. L. Piatt			Registration Number, if PAC	
Street Address 713 South Front Street	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy S. Rankin			Registration Number, if PAC	
Street Address 2028 Coventry Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thaddeus M. Boggs			Registration Number, if PAC	
Street Address 1843 N. Star Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$25.00
City Upper Arlington	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen C. Fitch			Registration Number, if PAC	
Street Address 885 Robbins Way	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$100.00
City Worthington	State OH	Zip Code 43085	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 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 \$ **\$1,125.00**