

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 Janet A. Grubb				Registration Number, if PAC	
Street Address 4062 Georgesville Wrightsville Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 9	Amount 250.00
City Grove City		State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark E. Jurkovic				Registration Number, if PAC	
Street Address 24 N. High St.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 9	Amount 50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Clare Bauer				Registration Number, if PAC	
Street Address 1798 Ridgeview Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 9	Amount 50.00
City Upper Arlington		State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Kevin P. Mulrane				Registration Number, if PAC	
Street Address 1527 Doone Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 9	Amount 50.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Benjamin W. Hale, Jr.				Registration Number, if PAC	
Street Address 7504 Phelps Close		Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 9	Amount 250.00
City New Albany		State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Luftman, Heck & Associates, LLP				Registration Number, if PAC	
Street Address 580 East Rich Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 9	Amount 50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Barnhart Law Office, LLC				Registration Number, if PAC	
Street Address 595 1/2 S. Third Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 9	Amount 50.00
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 \$ 750.00