

# Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Hummer for Judge Committee</b>					
Full Name of Contributor <b>Janet Maversberd</b>				Registration Number, if PAC	
Street Address <b>3519 Rocky Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43223</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Craig Raphael</b>				Registration Number, if PAC	
Street Address <b>1603 Green Frier Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>60.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jon Tribbie</b>				Registration Number, if PAC	
Street Address <b>7658 Worsley Place</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>50.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Jeff Nini</b>				Registration Number, if PAC	
Street Address <b>1211 Darcann Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>60.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Bill Clark</b>				Registration Number, if PAC	
Street Address <b>1560 London</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>60.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Jim Tribbie</b>				Registration Number, if PAC	
Street Address <b>4610 Scenic Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Anonymous Cash Contribution - Unable to Locate Identity After Inquiry</b>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y <b>0   3   1   2   0   9</b>	Amount <b>25.00</b>
City	State	Zip Code		Form(Cash,Check,etc) <b>Cash</b>	

\* 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

**4,795.00**

Total expenditures this event

Page Total \$ **355.00**