

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 Jeff Grabmeier				Registration Number, if PAC			
Street Address 91 E. Weisheimer Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Eric R. Zeisler				Registration Number, if PAC			
Street Address 135 E. Sycamore St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor Janis A. Gray				Registration Number, if PAC			
Street Address 699 Wetmore Rd., Apt. A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Deborah J. Hill				Registration Number, if PAC			
Street Address 470 Oakland Park		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Stephanie M. Sommers				Registration Number, if PAC			
Street Address 912 1/2 Northwest Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43212	Form(Cash,Check,etc) Check		
Full Name of Contributor Gayle R. Westbrook				Registration Number, if PAC			
Street Address 1033 Marland Dr. N.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43224	Form(Cash,Check,etc) Check		
Full Name of Contributor Timothy Gast				Registration Number, if PAC			
Street Address 1281 Bluff Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
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 \$ 250.00