

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 Sallynda Rothchild Dennison				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 102		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Paul Morrison				Registration Number, if PAC	
Street Address 1501 Estner Dr.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43207	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Jeff Moore				Registration Number, if PAC	
Street Address 130 E. Sycamore		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Will Ireland				Registration Number, if PAC	
Street Address 85 Liberty St.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Lewis Dye				Registration Number, if PAC	
Street Address 555 S. 3rd Street		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Rob Shea				Registration Number, if PAC	
Street Address 1024 S. Pearl		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Peggy Ranki				Registration Number, if PAC	
Street Address 2157 Westmont		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$30.00
Form (Cash, Check, etc.) Cash					

* 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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 430.00