

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 Lawrence A. Riehl				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 200		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Jay E. Michael				Registration Number, if PAC	
Street Address 729 S. Front St.		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Janie D. Roberts				Registration Number, if PAC	
Street Address 350 S. High St., Suite 200		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Heather G. Sowald				Registration Number, if PAC	
Street Address 210 Academy Court		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 0 9	Amount 100.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Philip B. Kaufman				Registration Number, if PAC	
Street Address 341 South Third Street, Suite 300		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert L. McCarty Co., LPA				Registration Number, if PAC	
Street Address P. O. Box 163638		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43216		Form(Cash,Check,etc) Check	
Full Name of Contributor Charles L. Bluestone				Registration Number, if PAC	
Street Address 7485 Tottenham Place		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 0 9	Amount 50.00
City New Albany	State O H	Zip Code 43054		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 \$ 650.00