

# 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					Registration Number, if PAC	
Full Name of Contributor Dale E. Heydlauff			Employer/Occupation/Labor Organization*		M   D   Y   Amount	
Street Address 2390 Sheringham Road		State OH		Zip Code 43220	0   6   1   1   1   5   \$100.00	
City Columbus		Form (Cash, Check, etc.) Check				
Full Name of Contributor David C. Winters			Employer/Occupation/Labor Organization*		M   D   Y   Amount	
Street Address 2340 Oxford Rd.		State OH		Zip Code 43221	0   6   1   1   1   5   \$100.00	
City Columbus		Form (Cash, Check, etc.) Check				
Full Name of Contributor Colin E. Gaweł			Employer/Occupation/Labor Organization*		M   D   Y   Amount	
Street Address 2284 Shrewsbury Rd.		State OH		Zip Code 43221	0   6   1   1   1   5   \$100.00	
City Columbus		Form (Cash, Check, etc.) Check				
Full Name of Contributor Christopher G. Widing			Employer/Occupation/Labor Organization*		M   D   Y   Amount	
Street Address 1251 Kenbrook Hills Dr.		State OH		Zip Code 43220	0   6   1   1   1   5   \$100.00	
City Columbus		Form (Cash, Check, etc.) Check				
Full Name of Contributor Deborah A. Johnson			Employer/Occupation/Labor Organization*		M   D   Y   Amount	
Street Address 2903 Brandywine Drive		State OH		Zip Code 43220	0   6   1   1   1   5   \$100.00	
City Upper Arlington		Form (Cash, Check, etc.) Check				
Full Name of Contributor Stephen D. Wachtman			Employer/Occupation/Labor Organization*		M   D   Y   Amount	
Street Address 1702 Cardiff Rd.		State OH		Zip Code 43221	0   6   1   1   1   5   \$100.00	
City Columbus		Form (Cash, Check, etc.) Check				
Full Name of Contributor Tom Lindsey			Employer/Occupation/Labor Organization*		M   D   Y   Amount	
Street Address 4740 Strayer Dr.		State OH		Zip Code 43026	0   6   1   1   1   5   \$100.00	
City Hilliard		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 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 700.00