

# 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 Mark L. Heath				Registration Number, if PAC	
Street Address 2035 Tremont Rd.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43221	0   6   1   1   1   5	\$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Luther L. Liggett Jr.					
Street Address 5053 Grassland Dr.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Dublin		State OH	Zip Code 43016	0   6   1   1   1   5	\$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Terrence A. Grady					
Street Address 359 S. Roosevelt Ave.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43209	0   6   1   1   1   5	\$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Louis G. Sauter					
Street Address 1130 Kenbrook Common St.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43220	0   6   1   1   1   5	\$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor William A. Roberts					
Street Address 1900 Ridgeview Rd.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Upper Arlington		State OH	Zip Code 43221	0   6   1   1   1   5	\$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor William A. Bruce					
Street Address 1946 Concord Rd.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43212	0   6   1   1   1   5	\$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Diane C. Reichwein					
Street Address 1963 N. Devon Rd.		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Upper Arlington		State OH	Zip Code 43212	0   6   1   1   1   5	\$150.00
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 \$ 1,300.00