

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 Mary E. Johnson Schulz				Registration Number, if PAC	
Street Address 1719 Andover Rd.		Employer/Occupation/Labor Organization*		M D Y Amount	
City Columbus		State OH	Zip Code 43212	0 6 1 1 1 5	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor A. Scott Norman				Registration Number, if PAC	
Street Address 2357 Brandon Road		Employer/Occupation/Labor Organization*		M D Y Amount	
City Upper Arlington		State OH	Zip Code 43221	0 6 1 1 1 5	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Floyd Akins Jr.				Registration Number, if PAC	
Street Address 2069 Upper Chelsea Road		Employer/Occupation/Labor Organization*		M D Y Amount	
City Upper Arlington		State OH	Zip Code 43221	0 6 1 1 1 5	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Julie D. Vannatta				Registration Number, if PAC	
Street Address 2170 Waltham Road		Employer/Occupation/Labor Organization*		M D Y Amount	
City Columbus		State OH	Zip Code 43221	0 6 1 1 1 5	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Rena M. Miller				Registration Number, if PAC	
Street Address 5402 Thornhill Ct.		Employer/Occupation/Labor Organization*		M D Y Amount	
City Grove City		State OH	Zip Code 43123	0 6 1 1 1 5	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Janet A. Grubb				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd.		Employer/Occupation/Labor Organization*		M D Y Amount	
City Columbus		State OH	Zip Code 43209	0 6 1 1 1 5	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Steven E. Kretzer				Registration Number, if PAC	
Street Address 2219 Fairfax Rd.		Employer/Occupation/Labor Organization*		M D Y Amount	
City Upper Arlington		State OH	Zip Code 43221	0 6 1 1 1 5	\$100.00
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 \$ 700.00