

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 James D. Hendrix			Registration Number, if PAC			
Street Address 2580 Sherwin Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 75.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Keith W. Schneider			Registration Number, if PAC			
Street Address 2720 Crafton Park	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 75.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Tom & Kathy Lindsey			Registration Number, if PAC			
Street Address 4740 Strayer Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 75.00
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert S. Long			Registration Number, if PAC			
Street Address 2064 Waltham Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 75.00
City Upper Arlington	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor James E. Hartley			Registration Number, if PAC			
Street Address 2975 Brandon Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 75.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor R.C. Sharpe			Registration Number, if PAC			
Street Address 2358 Northwest Blvd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 575.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Philip M. Collins & Associates Co., LPA			Registration Number, if PAC			
Street Address 21 E. State St., Suite 930	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	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 \$ 1,050.00