

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 Herb J. Gillen				Registration Number, if PAC	
Street Address 2224 Dorset Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Janet Roberts				Registration Number, if PAC	
Street Address 1900 Ridgeview Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Upper Arlington	State O	Zip Code 43221	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jean E. Allocco				Registration Number, if PAC	
Street Address 3662 Pevensey Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43220	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas A. Caldwell				Registration Number, if PAC	
Street Address 2195 Fairfax Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas S. Stewart				Registration Number, if PAC	
Street Address 1385 Fountaine Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Margaret L. Concilla				Registration Number, if PAC	
Street Address 4041 Fairfax Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43220	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Tracy A. Younkin				Registration Number, if PAC	
Street Address 2769 Welsford Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 200.00	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 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 \$ 1,300.00