

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Hummer for Judge Committee</b>				
Full Name of Contributor <b>Timothy D. Huey</b>			Registration Number, if PAC	
Street Address <b>2396 Wimbledon Rd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   2   8   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mark S. Froehlich</b>			Registration Number, if PAC	
Street Address <b>95 Northwoods Blvd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   2   8   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Bernard M. Floetker</b>			Registration Number, if PAC	
Street Address <b>1295 S. High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   2   8   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Friends for Ginther</b>			Registration Number, if PAC	
Street Address <b>98 Montrose Way</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   2   8   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>J. Miles Gibson</b>			Registration Number, if PAC	
Street Address <b>929 Stoney Creek Rd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   2   8   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>J. Harris Leshner</b>			Registration Number, if PAC	
Street Address <b>336 S. High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   2   8   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Matthew J. Cain</b>			Registration Number, if PAC	
Street Address <b>1733 South High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   2   8   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43207</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 700.00