

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 Richard F. Maier, Jr.			Registration Number, if PAC			
Street Address 5492 Tinsbury Court	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43235	Form(Cash, Check, etc) Check			
Full Name of Contributor W. Joseph Edwards			Registration Number, if PAC			
Street Address 523 South Third Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Eugene P. Weiss			Registration Number, if PAC			
Street Address 536 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Ross & Midian, c/o Brian Ross			Registration Number, if PAC			
Street Address 577 South High Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP, c/o Charles Brant			Registration Number, if PAC			
Street Address 250 East Broad Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 300.00
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Kafantaris Law Offices			Registration Number, if PAC			
Street Address 625 City Park Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 75.00
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check			
Full Name of Contributor George P. Brown			Registration Number, if PAC			
Street Address 4580 Langport Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 75.00
City Columbus	State O	Zip Code 43220	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 \$ 850.00