

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 Aneezal H. Mohamed				Registration Number, if PAC			
Street Address 5942 Berkshire Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	100.00
City Dublin		State O	H	Zip Code 43017	Form(Cash,Check,etc) Check		
Full Name of Contributor Gregory N. Finnerty				Registration Number, if PAC			
Street Address 6013 Round Tower Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	100.00
City Columbus		State O	H	Zip Code 43017	Form(Cash,Check,etc) Check		
Full Name of Contributor Zachary Scott				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	50.00
City		State	H	Zip Code	Form(Cash,Check,etc) Check		
Full Name of Contributor Eric E. Willison				Registration Number, if PAC			
Street Address 6548 Glick Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	50.00
City Dublin		State O	H	Zip Code 43017	Form(Cash,Check,etc) Check		
Full Name of Contributor Robert S. Tobias				Registration Number, if PAC			
Street Address 4427 Wooded Nook Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	50.00
City New Albany		State O	H	Zip Code 43054	Form(Cash,Check,etc) Check		
Full Name of Contributor Anne Taylor				Registration Number, if PAC			
Street Address 1375 Camelot Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	50.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor Huey Law				Registration Number, if PAC			
Street Address 2396 Wimbledon Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	100.00
City Upper Arlington		State O	H	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 \$ 500.00