

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 Lisa M. Tome				Registration Number, if PAC			
Street Address 511 South High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	150.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Blaise Baker				Registration Number, if PAC			
Street Address 600 S. High St., Suite 201		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	150.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael J. Muldoon				Registration Number, if PAC			
Street Address 1375 Dublin Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor E. Scott Shaw				Registration Number, if PAC			
Street Address 500 S. Front St., Suite 130		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ross & Midian				Registration Number, if PAC			
Street Address 133 E. Livingston Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Schottenstein, Zox & Dunn				Registration Number, if PAC			
Street Address 250 West St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	500.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Tom Tyack				Registration Number, if PAC			
Street Address 536 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	60.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			

* 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 \$ 1,010.00