

## 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>Linda Bevan</b>			Registration Number, if PAC			
Street Address <b>3115 Mount Holyoke Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Upper Arlington</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Robert R. Dunn</b>			Registration Number, if PAC			
Street Address <b>1764 Edgemont Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Julie K. Nini</b>			Registration Number, if PAC			
Street Address <b>1211 Darcann Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Douglas R. Cole</b>			Registration Number, if PAC			
Street Address <b>2545 Abington Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Upper Arlington</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Mark A. Shutt</b>			Registration Number, if PAC			
Street Address <b>2225 Edgevale Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kimberly A. Dennis</b>			Registration Number, if PAC			
Street Address <b>1875 Roxbury Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Maria K. Rankin</b>			Registration Number, if PAC			
Street Address <b>2028 Coventry Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43212</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