

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Hummer				
Full Name of Contributor Christopher J. Minnillo			Registration Number, if PAC	
Street Address 1500 W. Third Ave., Suite 210	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor George Stark Breitmayer III			Registration Number, if PAC	
Street Address 182 Corbins Mill Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Brendan T. King			Registration Number, if PAC	
Street Address 2576 Coventry Rd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Dennis W. McNamara			Registration Number, if PAC	
Street Address 3966 Fairlington Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeanne C. Altiero			Registration Number, if PAC	
Street Address 2520 Wimbledon Rd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas E. McClain			Registration Number, if PAC	
Street Address 2607 Wexford Rd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Laurie L. McGovern			Registration Number, if PAC	
Street Address 4469 Winterset Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City Upper Arlington	State OH	Zip Code 43220	Y 1	Amount \$100.00
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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$650.00**