

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 Bill Clark Electric Ltd.				Registration Number, if PAC	
Street Address 467 Oakland Park Ave.		Employer/Occupation/Labor Organization*		M	D
				1	0
City Columbus		State O	H	Y	9
		Zip Code 43214	Form(Cash,Check,etc) Check		
				Amount 25.00	
Full Name of Contributor Richard J. Ryan					
Street Address 1452 Ironwood Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	1	4
City Columbus		State O	H	Y	9
		Zip Code 43229	Form(Cash,Check,etc) Check		
				Amount 50.00	
Full Name of Contributor Mary C. Hackett					
Street Address 3908 Basia Drive				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	1	4
City Columbus		State O	H	Y	9
		Zip Code 43204	Form(Cash,Check,etc) Check		
				Amount 50.00	
Full Name of Contributor Michael A. Schadek					
Street Address 1537 Guilford Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	1	4
City Columbus		State O	H	Y	9
		Zip Code 43221	Form(Cash,Check,etc) Check		
				Amount 50.00	
Full Name of Contributor James M. Mentel					
Street Address 653 Crescent Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	1	4
City Columbus		State O	H	Y	9
		Zip Code 43204	Form(Cash,Check,etc) Check		
				Amount 50.00	
Full Name of Contributor Ann L. Moses					
Street Address 5771 Dublin Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	1	4
City Dublin		State O	H	Y	9
		Zip Code 43017	Form(Cash,Check,etc) Check		
				Amount 50.00	
Full Name of Contributor Barbara M. Mangini					
Street Address 2009 Hayer Court				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		1	0	1	4
City Lewis Center		State O	H	Y	9
		Zip Code 43035	Form(Cash,Check,etc) Check		
				Amount 25.00	

* 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 \$ 300.00