

## 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				Registration Number, if PAC	
Thomas A. Brown					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4729 Dierker Road			0	8	2
City	State	Zip Code	0	9	Amount
Columbus	O   H	43220	0	9	100.00
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Joseph Polis					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
6863 McCord St.			0	8	2
City	State	Zip Code	0	9	Amount
Worthington	O   H	43085	0	9	50.00
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Colleen Woods Gotherman					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5667 Glenbervie Ct.			0	8	2
City	State	Zip Code	0	9	Amount
Dublin	O   H	43017	0	9	100.00
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Robert M. Shields					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3939 Pegg Ave.			0	8	2
City	State	Zip Code	0	9	Amount
Columbus	O   H	43214	0	9	50.00
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Richard C. Slavin					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
891 Clubview Blvd. N			0	8	2
City	State	Zip Code	0	9	Amount
Columbus	O   H	43235	0	9	100.00
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Joan E. Dixon					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
8839 Vineyard Haven Dr.			0	8	2
City	State	Zip Code	0	9	Amount
Dublin	O   H	43016	0	9	100.00
Form(Cash,Check,etc)					
Check					
Full Name of Contributor				Registration Number, if PAC	
Thomas Wood, Jr.					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1700 Meadoway Ct.			0	8	2
City	State	Zip Code	0	9	Amount
Blacklick	O   H	43004	0	9	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 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

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Total expenditures this event

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Page Total \$ 600.00