

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 Schottenstein Zox & Dunn			Registration Number, if PAC OH1310		
Street Address 250 West St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		
Amount 250.00					

Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City			State		Zip Code	Form(Cash,Check,etc)						

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Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City			State		Zip Code	Form(Cash,Check,etc)						

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City			State		Zip Code	Form(Cash,Check,etc)						

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Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
City			State		Zip Code	Form(Cash,Check,etc)						

* 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

2,525.00

Total expenditures this event

Page Total \$ 250.00