

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 Dieker & Dieker, c/o Lawrence Dieker			Registration Number, if PAC				
Street Address P. O. Box 12143		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	4
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Check		50.00	
Full Name of Contributor Michael E. Sexton							
Street Address 984 Highland St.			Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
		1	0	1	4	0	9
City Columbus		State O H	Zip Code 43201	Form(Cash,Check,etc) Check		100.00	
Full Name of Contributor Mark Pardi							
Street Address 4755 Widner Court			Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
		1	0	1	4	0	9
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Cash		50.00	
Full Name of Contributor Tamera Post							
Street Address 5548 Harriet			Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
		1	0	1	4	0	9
City Columbus		State O H	Zip Code 43125	Form(Cash,Check,etc) Cash		40.00	
Full Name of Contributor Jim Woodland							
Street Address			Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
		1	0	1	4	0	9
City Columbus		State O H	Zip Code	Form(Cash,Check,etc) Cash		50.00	
Full Name of Contributor							
Street Address			Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor							
Street Address			Registration Number, if PAC				
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
2,250.00

Total expenditures this event

Page Total \$ 290.00