

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 William H. Woods			Registration Number, if PAC			
Street Address 1022 Blind Brook Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gould Law LLC			Registration Number, if PAC			
Street Address 341 S. 3rd St., Suite 300	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Tom Lindsey			Registration Number, if PAC			
Street Address 4740 Strayer Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Darrin C. Leist			Registration Number, if PAC			
Street Address 7956 Birch Creek Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check			
Full Name of Contributor Luther L. Liggett Jr.			Registration Number, if PAC			
Street Address 5053 Grassland Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anthony O. Mancuso			Registration Number, if PAC			
Street Address 135 N. Hamilton Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey T. Stavroff			Registration Number, if PAC			
Street Address 250 Daniel Burnham Sq., Unit 307	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43215	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 \$ 700.00