

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 Norman Q. Anderson					Registration Number, if PAC			
Street Address 295 E. Stewart Ave.		Employer/Occupation/Labor Organization*			M 1	D 0	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph A. Connors					Registration Number, if PAC			
Street Address 140 Indian Run Dr.		Employer/Occupation/Labor Organization*			M 1	D 0	Y 2	Amount 100.00
City Dublin		State O	H H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Patrick M. Fleming					Registration Number, if PAC			
Street Address 2128 Poplar St.		Employer/Occupation/Labor Organization*			M 1	D 0	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor Terry K. Sherman					Registration Number, if PAC			
Street Address 175 S. Merkle Rd.		Employer/Occupation/Labor Organization*			M 1	D 0	Y 2	Amount 250.00
City Columbus		State O	H H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Younger					Registration Number, if PAC			
Street Address 215 E. Whittier St.		Employer/Occupation/Labor Organization*			M 1	D 0	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor William S. Lazarow					Registration Number, if PAC			
Street Address 945 Vernon Rd.		Employer/Occupation/Labor Organization*			M 1	D 0	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Barb J. Pfeiffer					Registration Number, if PAC			
Street Address 493 Richards Rd.		Employer/Occupation/Labor Organization*			M 1	D 0	Y 2	Amount 150.00
City Columbus		State O	H H	Zip Code 43214	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

Total expenditures this event

Page Total \$ 800.00