

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Hummer for Judge Committee</b>					
Full Name of Contributor <b>Matthew C. Rushay</b>				Registration Number, if PAC	
Street Address <b>1644 Simpson Dr.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>14</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43227</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Susan B. Clark</b>				Registration Number, if PAC	
Street Address <b>7835 Windy Hill Ct.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>14</b>
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43016</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Jerald T. Sullivan</b>				Registration Number, if PAC	
Street Address <b>886 Afton Road</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>14</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Michael J. Wihl</b>				Registration Number, if PAC	
Street Address <b>2325 Hardesty Dr. N.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>14</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Diane C. Reichwein</b>				Registration Number, if PAC	
Street Address <b>1963 N. Devon Rd.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>14</b>
City <b>Upper Arlington</b>	State <b>O</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Mary Clare Bauer</b>				Registration Number, if PAC	
Street Address <b>1798 Ridgeview Rd.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>14</b>
City <b>Upper Arlington</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>90.00</b>
Full Name of Contributor <b>Mark A. Coleman</b>				Registration Number, if PAC	
Street Address <b>4215 Shire Cove Rd.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>14</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>

\* 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 \$ 390.00