

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				Registration Number, if PAC			
Full Name of Contributor Mark Serrott				Registration Number, if PAC			
Street Address 502 S. Third St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Paul Scott, Jr.				Registration Number, if PAC			
Street Address 536 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Dan Shartzter				Registration Number, if PAC			
Street Address 373 S. High St., 12th Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	25.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Paul Morrison				Registration Number, if PAC			
Street Address 1001 Esther Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43207	Form(Cash,Check,etc) Cash			
Full Name of Contributor Bob Bernard				Registration Number, if PAC			
Street Address 373 S. High St., 12th Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215	Form(Cash,Check,etc) Cash			
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)			
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)			

* 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 \$ 225.00