

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 Bill Mielke				Registration Number, if PAC			
Street Address 5255 Kersey Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		OH 43221		0	4	28	50.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43221		Cash	
Full Name of Contributor Scott Weismann				Registration Number, if PAC			
Street Address 601 S. High St., 1st Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		OH 43215		0	4	28	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Cash	
Full Name of Contributor Bob Shields				Registration Number, if PAC			
Street Address 3939 Pegg Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		OH 43214		0	4	28	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43214		Cash	
Full Name of Contributor Citizens for Julia L. Dorrian				Registration Number, if PAC			
Street Address 65 E. State St., Suite 500		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		OH 43215		0	4	28	250.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Check	
Full Name of Contributor Tyack Blackmore & Liston, c/o Thomas M. Tyack				Registration Number, if PAC			
Street Address 536 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		OH 43215		0	4	28	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Columbus		OH		43215		Check	
Full Name of Contributor James P. Botti				Registration Number, if PAC			
Street Address 8500 Stonechat Loop		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Dublin		OH 43017		0	4	28	50.00
City		State		Zip Code		Form(Cash,Check,etc)	
Dublin		OH		43017		Check	
Full Name of Contributor C. Bernard Brush				Registration Number, if PAC			
Street Address 5530 Columbia Rd. SW		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Pataskala		OH 43062		0	4	28	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
Pataskala		OH		43062		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
9,410.00

Total expenditures this event

Page Total \$ 750.00