

## 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				Registration Number, if PAC			
Stephanie Doran							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4365 Latin Ln.				1	0	2	200.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O   H	43220	Check			
Full Name of Contributor							
Michael H. Igoe							
Street Address				Registration Number, if PAC			
1385 Briarmeadow Dr.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1385 Briarmeadow Dr.				1	0	2	200.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O   H	43235	Check			
Full Name of Contributor							
Allison J. Lippman							
Street Address				Registration Number, if PAC			
136 N. Remington Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
136 N. Remington Rd.				1	0	2	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Bexley		O   H	43209	Check			
Full Name of Contributor							
Steven T. Fox							
Street Address				Registration Number, if PAC			
2335 Yuma Dr.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2335 Yuma Dr.				1	0	2	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
London		O   H	43140	Check			
Full Name of Contributor							
Dauna M. Butte							
Street Address				Registration Number, if PAC			
314 Wetmore Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
314 Wetmore Rd.				1	0	2	500.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O   H	43214	Check			
Full Name of Contributor							
James M. Mentel							
Street Address				Registration Number, if PAC			
653 Crescent Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
653 Crescent Rd.				1	0	2	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O   H	43204	Check			
Full Name of Contributor							
Michelle L. Koffel							
Street Address				Registration Number, if PAC			
2050 Tremont Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2050 Tremont Rd.				1	0	2	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
Upper Arlington		O   H	43221	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 \$ 1,450.00