

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 Steven Lee Smith				Registration Number, if PAC			
Street Address 1375 Camelot Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1375 Camelot Dr.				0	4	2	8
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check		200.00	
Full Name of Contributor Michael A. Moses							
Street Address 330 South High Steret				M	D	Y	Amount
330 South High Steret				0	4	2	8
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check		200.00	
Full Name of Contributor Ted Barrows							
Street Address 4834 Sarasota Dr.				M	D	Y	Amount
4834 Sarasota Dr.				0	4	2	8
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) Check		200.00	
Full Name of Contributor Robert L. Hust							
Street Address 7140 Wellington Ct.				M	D	Y	Amount
7140 Wellington Ct.				0	4	2	8
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check		200.00	
Full Name of Contributor Crabbe, Brown & James, c/o Jeffrey Brown							
Street Address 500 S. Front St., Suite 1200				M	D	Y	Amount
500 S. Front St., Suite 1200				0	4	2	8
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check		250.00	
Full Name of Contributor Carpenter, Lipps & Leland, LLP, c/o Michael H. Carpenter							
Street Address 280 N. High St., Suite 1300				M	D	Y	Amount
280 N. High St., Suite 1300				0	4	2	8
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check		100.00	
Full Name of Contributor Richard S. Ketcham							
Street Address 755 S. High Street				M	D	Y	Amount
755 S. High Street				0	4	2	8
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check		75.00	

* 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 \$ 1,225.00