

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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Hummer for Judge Committee			
Full Name of Contributor Chester, John J.		Registration Number, if PAC	
Street Address 65 E. State Street, Suite 1000	Employer/Occupation/Labor Organization*	M   D   Y 0   9   3   0   0   9	Amount 375.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Cain, Edward T.		Registration Number, if PAC	
Street Address 124 Pine Village Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   9   3   0   0   9	Amount 50.00
City Granville	State   Zip Code O   H   43023	Form(Cash,Check,etc) Check	
Full Name of Contributor Mango, Dominic		Registration Number, if PAC	
Street Address 5649 Van Wert Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   9   3   0   0   9	Amount 50.00
City Hilliard	State   Zip Code O   H   43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael C. Allbritain		Registration Number, if PAC	
Street Address 1866 Northwest Blvd., Apt. A	Employer/Occupation/Labor Organization*	M   D   Y 0   9   3   0   0   9	Amount 25.00
City Columbus	State   Zip Code O   H   43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Terrence A. Grady		Registration Number, if PAC	
Street Address 369 S. Roosevelt Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   9   3   0   0   9	Amount 200.00
City Columbus	State   Zip Code O   H   43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Claire Bauer		Registration Number, if PAC	
Street Address 1798 Ridgeview Rd.	Employer/Occupation/Labor Organization*	M   D   Y 0   9   3   0   0   9	Amount 50.00
City Upper Arlington	State   Zip Code O   H   43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Fleming, Patrick M.		Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*	M   D   Y 0   9   3   0   0   9	Amount 85.00
City Columbus	State   Zip Code O   H   43207	Form(Cash,Check,etc) 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 \$ 835.00