. 31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	3/11/15
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Name of Committee in Full				
Committee to Re-Elect Judge Hummer			la company de la company	
Name of Contributor			Registration Number, if PAC	
Riddell Law LLC	 ,			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$500.00	
1335 Dublin Road, Suite 220A		····		
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43215	Check	
Full Name of Contributor	•	· ·	Registration Number, if PAC	
R. K. Kerns				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1902 Lake Shore Dr.			0 3 1 1 1 5 \$500.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43204	Check	
Full Name of Contributor			Registration Number, if PAC	
Luther L. Liggett Jr.				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
5053 Grassland Dr.			0 3 1 1 1 5 \$250.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43016	Check	
Full Name of Contributor	·	<u> </u>	Registration Number, if PAC	
Onda, LaBuhn, Rankin & Boggs Co., LPA				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
35 North Fourth Street, Suite 100		•	0 3 1 1 1 5 \$250.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	l oh	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Bradley Frick and Associates				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1265 Neil Ave.	<u> </u>		0 3 1 1 1 5 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43201	Check	
Full Name of Contributor		.	Registration Number, if PAC	
The Law Office of Tunney Lee King				
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
400 S. Fifth Street, Suite 102	Lampio, Companion Daton Organization		0 3 1 1 1 5 Amount \$100.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Bradley P. Koffel LLC				
Street Address	Employer/Occur	oation/Labor Organization*	M D Y Amount	
1801 Watermark Drive, Suite 350			0 3 1 1 1 5 \$1,000.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
		ssembly candidates. If contrib	utor is self-employed, the occupation and the name of	

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 of	contributions	this	event
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Total expenditures this event.

1
\$0.00

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 also appear. [R.C. 3517.10(B)(4)]