

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 Schottenstein, Zox & Dunn State & Local PAC			Registration Number, if PAC OH1310			
Street Address 250 West St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 500.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Koffel & Jump			Registration Number, if PAC			
Street Address 2130 Arlington Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 575.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert R. Reed			Registration Number, if PAC			
Street Address 52 W. Whittier St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Kravitz, Brown & Dortch, LLC, c/o Janet E. Kravitz			Registration Number, if PAC			
Street Address 65 E. State St., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul V. Pavlick			Registration Number, if PAC			
Street Address 326 S. High St., Suite 100	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory N. Finnerty			Registration Number, if PAC			
Street Address 21 W. Broad St., Suite 500	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen A. Moyer			Registration Number, if PAC			
Street Address 9 E. Kossuth St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43206	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 \$ 1,575.00