

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Hummer				
Full Name of Contributor Mark C. Collins Co. LPA			Registration Number, if PAC	
Street Address 492 S. High St., 3rd Floor	Employer/Occupation/Labor Organization*		M   D   Y   0   6   1   1   5	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimberly A. Dennis			Registration Number, if PAC	
Street Address 1875 Roxbury Rd.	Employer/Occupation/Labor Organization*		M   D   Y   0   6   1   1   5	Amount \$250.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patricia Schmucki Barker			Registration Number, if PAC	
Street Address 1698 Berkshire Rd.	Employer/Occupation/Labor Organization*		M   D   Y   0   6   1   1   5	Amount \$250.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Riddell Law LLC			Registration Number, if PAC	
Street Address 1335 Dublin Road, Suite 220A	Employer/Occupation/Labor Organization*		M   D   Y   0   6   1   1   5	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey J. Purcell			Registration Number, if PAC	
Street Address 1768 Arlington Avenue	Employer/Occupation/Labor Organization*		M   D   Y   0   6   1   1   5	Amount \$250.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Hastie Legal, LLC			Registration Number, if PAC	
Street Address 1192 Grandview Ave.	Employer/Occupation/Labor Organization*		M   D   Y   0   6   1   1   5	Amount \$250.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bricker & Eckler LLP			Registration Number, if PAC OH 821	
Street Address 100 S. Third St.	Employer/Occupation/Labor Organization*		M   D   Y   0   6   1   1   5	Amount \$250.00
City Columbus	State OH	Zip Code 43215	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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,750.00