

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 Thomas Taneff Attorney at Law				Registration Number, if PAC	
Street Address 600 S. High St., Suite 201	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1115
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor Michael Sexton				Registration Number, if PAC	
Street Address 984 Highland St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1115
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Myron N. Terlecky				Registration Number, if PAC	
Street Address 6332 Oisin Ct.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1115
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Nicholas Cavalanis				Registration Number, if PAC	
Street Address 590 City Park Ave.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1115
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Deborah Pryce				Registration Number, if PAC	
Street Address 2065 Tremont Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1115
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor The Steven T. Fox Law Firm LLC				Registration Number, if PAC	
Street Address 2335 Yuma Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1115
City London	State OH	Zip Code 43140	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Daniel L. Rankin III				Registration Number, if PAC	
Street Address 2659 Westmont Blvd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1115
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$100.00

* 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 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 \$ **\$1,400.00**