

# 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 The Steven T. Fox Law Firm LLC			Registration Number, if PAC	
Street Address 2335 Yuma Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City London	State OH	Zip Code 43140	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Cox, Koltak & Gibson, LLP			Registration Number, if PAC	
Street Address 5 E. Long St., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Bailey Cavalieri LLC			Registration Number, if PAC	
Street Address 10 W. Broad St., Suite 2100	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James E. Hartley			Registration Number, if PAC	
Street Address 2975 Brandon Road	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Carole N. Chidester			Registration Number, if PAC	
Street Address 1800 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor C. David Skidmore			Registration Number, if PAC	
Street Address 3949 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeffrey A. Nini			Registration Number, if PAC	
Street Address 1211 Darcann Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
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 \$ 900.00