

# 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					Registration Number, if PAC	
Full Name of Contributor Sunbury Law Offices			Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 250 Civic Center Dr., Suite 600		City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$100.00
Full Name of Contributor The Law Firm of Megan E. Grant			Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 1188 South High Street		City Columbus		State OH	Zip Code 43206	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Full Name of Contributor the Steven T. Fox Law Firm LLC			Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 2335 Yuma Dr.		City London		State OH	Zip Code 43140	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Full Name of Contributor Robert E. Shea			Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 1024 S. Pearl St.		City Columbus		State OH	Zip Code 43206	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Full Name of Contributor G. Gary Tyack			Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 381 Loveman Ave.		City Worthington		State OH	Zip Code 43085	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Full Name of Contributor Dennis O. Kaps			Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 61 Leland Ave.		City Columbus		State OH	Zip Code 43214	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Full Name of Contributor Alexander H. Hastie			Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 201 W. 1st Ave.		City Columbus		State OH	Zip Code 43201	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check		M 0		D 4	Y 2	Amount \$50.00

\* 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 \$ 400.00