

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 Bradley P. Koffel, LLC			Registration Number, if PAC			
Street Address 1801 Watermark Dr., Suite 350	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor David P. Rieser			Registration Number, if PAC			
Street Address 2 Miranova Place, Suite 710	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$350.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Karen Held Phipps			Registration Number, if PAC			
Street Address 4333 Reed Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Crabbe, Brown & James			Registration Number, if PAC			
Street Address 500 South Front Street, Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nemann Law Offices LLC			Registration Number, if PAC			
Street Address 306 Zander Lane	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$200.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert J. Behal			Registration Number, if PAC			
Street Address 2531 Brentwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$200.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey M. Lewis			Registration Number, if PAC			
Street Address 4474 Summit Ridge Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount \$200.00
City Upper Arlington	State OH	Zip Code 43220	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 \$ 2,450.00