

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee							
Full Name of Contributor Reywal Co., Limited Partnership, c/o Robert E. Albright						Registration Number, if PAC	
Street Address 600 South High Street, Suite 100		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 500.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Joel R. Campbell						Registration Number, if PAC	
Street Address 575 South Third Street		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 150.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Scott & Nemann Co., LPA						Registration Number, if PAC	
Street Address 35 E. Livingston Ave.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 35.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Abe Bahgat						Registration Number, if PAC	
Street Address 3784 Chevington Rd.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Shaw & Miller						Registration Number, if PAC	
Street Address 555 City Park Ave.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas P. Sexton						Registration Number, if PAC	
Street Address 580 S. High St., Suite 130		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Nein Law Office						Registration Number, if PAC	
Street Address 2291 Scioto Harper Dr.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43204		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 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

Total expenditures this event

Page Total \$ 1,085.00