

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 Maguire & Schneider LLP			Registration Number, if PAC	
Street Address 1650 Lake Shore, Suite 150	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 5	Amount \$500.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gertner & Gertner			Registration Number, if PAC	
Street Address 175 S. Third St., Suite 505	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Galen H. Graham			Registration Number, if PAC	
Street Address 176 E. Gay St.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 5	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick J. Boyle			Registration Number, if PAC	
Street Address 1026 16th St. NW, Unit 702/703	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 5	Amount \$300.00
City Washington	State DC	Zip Code 20036	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathleen Barr			Registration Number, if PAC	
Street Address 1856 Chatlet Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 5	Amount \$75.00
City Anaheim	State CA	Zip Code 92804	Form (Cash, Check, etc.) Check	
Full Name of Contributor Janet Amid			Registration Number, if PAC	
Street Address 6600 Sylvania Ave., Suite 240	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 5	Amount \$100.00
City Sylvania	State OH	Zip Code 43560	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Taneff Co., LPA			Registration Number, if PAC	
Street Address 600 S. High St., Suite 201	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$1,525.00**