Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	3/11/15
Page 10	

		-,		
Name of Committee in Full				
Committee to Re-Elect Judge Hummer			Designation Number (CD) C	
Full Name of Contributor David W. Douglas			Registration Number, if PAC	
Street Address	Employer/Occup	ation A shor Organization*	M D Y Amount	
503 S. Front St., Suite 210	Employer/Occupation/Labor Organization*		0 3 1 1 1 5 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Mularski Bonham Dittmer & Phillips LLC	<u> </u>			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
107 W. Johnston Rd.			0 3 1 1 1 5 \$200.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Gahanna	OH	43230	Check	
Full Name of Contributor			Registration Number, if PAC	
Isaac Wiles Burkholder & Teetor, LLC				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
2 Miranova Place, Suite 700			0 3 1 1 1 5 \$1,500.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Crabbe, Brown & James				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
500 South Front Street, Suite 1200			0 3 1 1 1 5 \$250.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor Tyack, Blackmore, Liston & Nigh Co., LPA			Registration Number, if PAC	
Street Address 536 South High Street	Employer/Occupation/Labor Organization*		0 3 1 1 1 5 Amount \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor Nicole Linn Kelly	· · · · · ·		Registration Number, if PAC	
Street Address 1977 Wyandotte Rd.	Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 1 1 5 \$100.00	
	Stai te	Zip Code	Form (Cash, Check, etc.)	
City Columbus	OH,"	43212	Check	
Full Name of Contributor Stephen J. Smith			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
10 W. Broad St.			0 3 1 1 1 5 \$100.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
* Required for contributions from individuals over \$100 to	statewide and General A	ssembly candidates. If contrib	utor is self-employed, the occupation and the name of	

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 thi	s even	t
-------------------------	--------	---

Total expenditures this event.

\$0.	.00

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)]