

# 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 Charles R. Moses				Registration Number, if PAC	
Street Address 5771 Dublin Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2015
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Michael F. Curtin				Registration Number, if PAC	
Street Address 1370 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2015
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor John Swartz				Registration Number, if PAC	
Street Address 2585 Westmont Blvd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2015
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Blaise Baker				Registration Number, if PAC	
Street Address 600 S. High St., Suite 201	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2015
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Dennis J. Wilcox				Registration Number, if PAC	
Street Address 410 Richards Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2015
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Matthew S. Halley				Registration Number, if PAC	
Street Address 52 W. Whittier St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2015
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor William J. Hummer				Registration Number, if PAC	
Street Address 101 Northridge Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2015
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		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 \$ 500.00