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

Event Date	7/22/15
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Name of Committee in Full			
Committee to Re-Elect Judge Humn	ner		
Full Name of Contributor Mark E. DeRubertis			Registration Number, if PAC
			M D Y Amount
Street Address 203 DeSantis Dr.	Employer/Occupa	ation/Labor Organization*	0 7 2 2 1 5 Amount \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	Check
Full Name of Contributor			Registration Number, if PAC
Terry K. Sherman			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
175 S. Merkle Rd.		[a: 0.1	0 7 2 2 1 5 \$150.00
City	Stajte	Zip Code	Form (Cash, Check, etc.) Check
Columbus	OH	43209	Registration Number, if PAC
Full Name of Contributor Daniel P. Melaragno			registration number, it fac
Street Address	Employer/Comm	ation (Labor Organization*	M D Yi Amount
61 Blenheim Rd.	r.mpioyen/Occup	ation/Labor Organization*	0 7 2 2 1 5 \$150.00
City	Sta te	Zíp Code	Form (Cash, Check, etc.)
Columbus	OH.	43214	Check
Full Name of Contributor		•	Registration Number, if PAC
Mark A. Coleman			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
4215 Shire Cove Rd.			0 7 2 2 1 5 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check
Full Name of Contributor Gill Brothers LLC dba India Oak Grill			Registration Number, if PAC -
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
590A Oakland Park Ave.			0 7 2 2 1 5 \$100.00
Columbus	Stai te	Zip Code 43214	Form (Cash, Check, etc.) Check
Columbus	OH _.	43214	
Full Name of Contributor William H. Goodburn			Registration Number, if PAC
Street Address 222 Brevoort Rd.	Employer/Occup	ation/Labor Organization*	0 7 2 2 1 5 Amount \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Ćolumbus	OH _.	43214	Check
Full Name of Contributor Kevin G. Rooney			Registration Number, if PAC
Street Address 3507 Avignon Pl.	Employer/Occup	ation/Labor Organization*	0 7 2 2 1 5 Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check

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

\$0.00

Total expenditures this event.

\$0.00

\$950.00 Page Total \$

^{*} 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)]