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

Event Date	6/11/15	
Page 6		

\$900.00

Page Total \$

		<u>-</u>		
Name of Committee in Full				
Committee to Re-Elect Judge Humme	r			
Full Name of Contributor			Registration Number, if PAC	
The Steven T. Fox Law Firm LLC				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
2335 Yuma Dr.			0 6 1 1 1 5 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
London	OH	43140	Check	
Full Name of Contributor			Registration Number, if PAC	
Cox, Koltak & Gibson, LLP				
Street Address	Employer/Occurs	ation/Labor Organization*	M D Y Amount	
5 E. Long St., Suite 200	inprojeroccupance basic organismon		0 6 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	
Bailey Cavalieri LLC			-	
Street Address	Employer/Dans	ation/Labor Organization*	M D Y Amount	
10 W. Broad St., Suite 2100	EmployerOccup	mon randi Orkanicanon	0 6 1 1 1 5 \$150.00	
	Sta te	Zip Code	Form (Cash, Check, etc.)	
City Columbus	l oĤ	43215	Check	
Full Name of Contributor	1 011		Registration Number, if PAC	
James E. Hartley			M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		0 6 1 1 1 5 \$150.00	
2975 Brandon Road		Tin Code	Form (Cash, Check, etc.)	
City	Staj te	Zip Code	Check	
Columbus	OH	43221	Registration Number, if PAC	
Full Name of Contributor Carole N. Chidester			registration Number, it FAC	
	Jr. 0.10		Mi D Yi Amount	
Street Address 1800 Cambridge Blvd.	Employer/Occupation/Labor Organization*		0 6 1 1 1 5 \$100.00	
	Sta te	Zip Code	Form (Cash, Check, etc.)	
City Columbus	OH OH	43212	Check	
			Registration Number, if PAC	
Full Name of Contributor C. David Skidmore		-	registration (value), it the	
		 	M D Y Amount	
Street Address 3949 Fairlington Drive	Employer/Occupation/Labor Organization*		0 6 1 1 1 5 \$100.00	
3949 Faillington Drive		Tä: c I	Form (Cash, Check, etc.)	
Columbus	Stailte OH	Zip Code 43220	Check	
Columbus	OH,	70220		
Full Name of Contributor			Registration Number, if PAC	
Jeffrey A. Nini				
Street Address	Employer/Occupation/Labor Organization*		0 6 1 1 1 5 \$100.00	
1211 Darcann Dr.				
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	_ OH	43220	Check	
* Required for contributions from individuals over \$1	00 to statewide and General As	ssembly candidates. If contrib	outor is self-employed, the occupation and the name o	

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.		
\$0.00	\$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)]