, 31-E R.C. 3517.10(B)

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

Event Date	3/11/15
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Name of Committee in Full Committee to Re-Elect Judge Hummer Full Name of Contributor			
			Registration Number, if PAC
David Young for Judge Committee	Angelia de la companya de la company		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
146-D Granville St.			0 3 1 1 1 5 \$100.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor			Registration Number, if PAC
Alexander H. Hastie			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
201 W. 1st Ave.			0 3 1 1 1 5 \$50.00
City	Staj te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	Check
Full Name of Contributor			Registration Number, if PAC
Allison J. Lippman			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
138 N. Remington Rd.			0 3 1 1 1 5 \$25.00
City	Stal te	Zip Code	Form (Cash, Check, etc.) Check
Bexley	OH	43209	
Full Name of Contributor			Registration Number, if PAC
Robert L. Washburn	T. ""		M D Y Amount
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		0 3 1 1 1 5 \$100.00
	Stal te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43209	Check
Full Name of Contributor	011	43203	Registration Number, if PAC
Janet A. Grubb			
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		0 3 1 1 1 5 Amount \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor Tom or Kathy Lindsey			Registration Number, if PAC
Street Address 4740 Strayer Dr.	Employer/Occupation/Labor Organization*		0 3 1 1 1 5 Amount \$150.00
City Hilliard	Stal te OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Stephen A. Moyer			Registration Number, if PAC
Street Address 6750 Sunbury Rd.	Employer/Occupation/Labor Organization®		M D Y Amount \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville * Required for contributions from individuals over \$100	OH	43082	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

Total contributions th	his c	ent
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Total expenditures this event.

\$0.00

\$775.00 Page Total \$

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)]