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

Event Date	6/11/15
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Name of Committee in Full			
Committee to Re-Elect Judge Hummer			
Full Name of Contributor	Registration Number, if PAC		
The Law Office of Jay G. Perez, LLC			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
6797 N. High St., Suite 105			0 6 1 1 1 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor	<u>,</u>		Registration Number, if PAC
Carpenter Lipps & Leland LLP			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
280 North High Street, Suite 1300			0 6 1 1 1 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			
Taft, Stettinius & Hollister Better Government Fund			OH1146
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
425 Walnut Street, Suite 1800			0 6 1 1 1 5 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Cincinnati	OH	45202	Check
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Nancy Ivers Ferguson			
Street Address	Employer/Occupation/Labor Organization*		M. D Y Amount
4789 Yantis Dr.			0 6 1 1 1 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	Check
Full Name of Contributor			Registration Number, if PAC
Gerhardt Law LLC ,			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 0 6 1 1 1 5 \$150.00
630 E. Broad Street			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Yvonne Perotti			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$100.00
5849 Kingham Park			0 0 1 1 1 1 9
City	Sta' te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Check
Full Name of Contributor	Registration Number, if PAC		
John T. Conroy			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 0 6 1 1 1 5 \$100.00
1440 Montcalm Rd.			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
	10 11	teles and distance to a markle	was 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 this event	Total expenditures this event.
\$0.00	\$0.00

\$1,750.00 Page Total \$

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occup 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)]