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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	Prescribed by Secretar			
Name of Committee in Full	<u> </u>			
Committee to Re-Elect Judge Humm	ner			
Full Name of Contributor			Registration Number, if PAC	
Russell C. Miller				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
5374 Bennington Hill Dr.			0 6 1 1 1 5 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43220	Check	
Full Name of Contributor		<u>, </u>	Registration Number, if PAC	
Gregory D. Rankin				
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount	
3603 Hilliard Station Rd.			0 6 1 1 1 5 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Hilliard	OH	43026	Check	
Full Name of Contributor			Registration Number, if PAC	
Heather Wrightsel				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
2245 Tremont Rd.			0 6 1 1 1 5 \$100.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43221	Check	
Full Name of Contributor			Registration Number, if PAC	
Kyle Fitzpatrick Corna				
Street Address	Employer/Occupa	stion/Labor Organization*	M D Y Amount	
1765 Edgemont Rd.			0 6 1 1 1 5 \$100.00	
City	Staj te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43212	Check	
Full Name of Contributor			Registration Number, if PAC	
Stuart R. Jones				
Street Address	Employer/Occupa	ation/Labor Organization*	M. D. Y. Amount	
1988 N. Edgemont Rd.		•	0 6 1 1 1 5 \$100.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus .	OH	43212	Check	
Full Name of Contributor			Registration Number, if PAC	
Linda Bevan				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
3115 Mount Holyoke Rd.		-	0 6 1 1 1 5 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH _.	43221	Check	
Full Name of Contributor			Registration Number, if PAC	
Robert L. Washburn				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
225 Eastmoor Blvd.		-	0 6 1 1 1 5 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH.	43209	Check	
* Required for contributions from individuals over		sembly candidates. If contrib	outor 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

lotal con	indutions this eveni
	\$0.00

Total expenditures this event.

ı
\$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)]