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	
Gregg D. Slemmer				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1188 S. High St.			0 3 1 1 1 5 \$150.00	
Calumbur	Staite	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	Check	
Full Name of Contributor			Registration Number, if PAC OH 821	
Ira B. Sully Attorney at Law Street Address			M D Y Amount	
844 South Front Street	Employer/Occupation/Labor Organization*		0 3 1 1 1 5 \$50.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	Check	
Full Name of Contributor	1		Registration Number, if PAC	
Thomas A. Gjostein				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
6720 Hayhurst St.			0 3 1 1 1 5 \$150.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Worthington	OH	43085	Check	
Full Name of Contributor			Registration Number, if PAC	
A. K. Riddle			W I P I V I I	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$25.00	
1890 Country Knoll Lane	Stal te	Zip Code	Form (Cash, Check, etc.)	
Elgin .	IL	60123	Check	
Full Name of Contributor		1 00.20	Registration Number, if PAC	
Thomas J. Efta				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
4194 Lawnview Dr.			0 3 1 1 1 5 \$25.00	
Columbus	Stal te OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Columbus	J OH,	752 17		
Full Name of Contributor John P. Johnson Law Office LLC			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	0 3 1 1 1 5 Amount \$100.00	
501 S. High St.				
City Columbus	OH Stailte	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor		Registration Number, if PAC		
Steven Mathless				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
495 East Mound Steret, Suite B			0 3 1 1 1 5 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
* Required for contributions from individuals over \$100	to statewide and General As	sembly candidates. If contrib	utor 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 cont	ributions	this	event
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Total expenditures this event.

1
\$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)]