Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 4/22/15	_
Page 2	

	Prescribed by Secreta	Ty 01 State 05/05	
Name of Committee in Full Committee to Re-Elect Judge Hummer			
			Registration Number, if PAC
Full Name of Contributor			registration runnes, 11170
Joshua E. Hall			M D Y Amount
Street Address	Employer/Occups	tion/Labor Organization*	0 4 2 2 1 5 \$200.00
825 S. Front St.		12in Code	Form (Cash, Check, etc.)
City	State	Zip Code 43206	Check
Columbus	OH	43200	
Full Name of Contributor			Registration Number, if PAC
Peter J. Binning			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 2 1 5 \$150.00
592 South Third St.			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		-	Registration Number, if PAC
Cleve M. Johnson			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
495 S. High Street, Suite 400	_		0 4 2 2 1 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		<u> </u>	Registration Number, if PAC
CPM Law PAC			OH1505
Street Address	Employer/Occupation/Labor Organization*		M! D Y Amount
366 East Broad STreet			0 4 2 2 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
Moyer Law Offices, LPA			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
9 East Kossuth Street			0 4 2 2 1 5 \$150.00
City	Stai te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Check
Full Name of Contributor			Registration Number, if PAC
Tracy A. Younkin			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2769 Welsford Rd.		•	0 4 2 2 1 5 \$100.00
City	Stai te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43221	Check
Full Name of Contributor			Registration Number, if PAC
Gregory N. Finnerty			
	Empley of Posses	nation/Labor Organization*	Me D Y Amount
Street Address 6013 Round Tower Lane	Employeroccup	AND THE PROPERTY OF THE PROPERTY OF	0 4 2 2 1 5 \$100.00
	Staite	Zip Code	Form (Cash, Check, etc.)
City Dublin	OH	43017	Check
Dabilit	1 011	I I I I I I I I I I I I I I I I I I I	utor 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

lotal con	itributions this event	_
		1
	\$0.00	
	1	ì

Total expenditures this event.

- 1
\$0.00

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