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

Event Date	3/11/15
Page 1	

Name of Committee in Full		<u> </u>		
Committee to Re-Elect Judge Hummer				
Full Name of Contributor			Registration Number, if PAC	
Bailey Cavalieri LLC			registration Number, it TAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
10 West Broad Street, Suite 2100	- Francisco Signatura		0 3 1 1 1 5 \$500.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Bricker & Eckler LLP State Political Action Co			OH 821	
Street Address 100 S. Third Street	Employer/Occup	ation/Labor Organization*	M D Y Amount	
City	Sta te	Zip Code	0 3 1 1 1 5 \$250.00	
Columbus	l OH	43215	Check	
Full Name of Contributor	1 011	40210	Registration Number, if PAC	
Luftman, Heck and Associates, LLP				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
580 East Rich Street			0 3 1 1 1 5 \$250.00	
City !.	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus .	OH	43215	Check	
Full Name of Contributor		•	Registration Number, if PAC	
Nemann Law Offices, LLC				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1243 S. High Street			0 3 1 1 1 5 \$150.00	
Cotymbus	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus Full Name of Contributor	OH	43206	Check Registration Number, if PAC	
Robert F. Krapenc, Esq.			registration Number, it rive	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
601 S. High St., 1st Floor			0 3 1 1 1 5 \$250.00	
City	Starte	Zip Code 43215	Form (Cash, Check, etc.) Check	
Columbus	OH _.	43213		
Full Name of Contributor Jeremy Dodgion Attorney at Law Co., LPA			Registration Number, if PAC	
Street Address 1188 South High Street	Employer/Occupation/Labor Organization*		M D Y Amount \$200.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	Check	
Full Name of Contributor Neil Rosenberg Attorney	<u>.</u>		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
400 S. 5th Street, Suite 301			0 3 1 1 1 5 \$100.00	
City	Stal te	Zip Code 43215	Form (Cash, Check, etc.) Check	
Columbus	OH	40210	Olleck	

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 and ever	Total	contributions	this	even
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Total expenditures this event.

\$0.00

\$1,700.00 Page Total \$

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