

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Hummer for Judge Committee</b>					
Full Name of Contributor <b>Thomas N. Kahler</b>				Registration Number, if PAC	
Street Address <b>2231 Shoreham Road</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   1   4   0   9</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert E. Curtin, Jr.</b>				Registration Number, if PAC	
Street Address <b>7013 Wynfield Drive</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   1   4   0   9</b>	Amount <b>25.00</b>
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Kevin G. Rooney</b>				Registration Number, if PAC	
Street Address <b>3 High park Court</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   1   4   0   9</b>	Amount <b>25.00</b>
City <b>Elgin</b>	State <b>S   C</b>	Zip Code <b>29045</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>James P. Simpson</b>				Registration Number, if PAC	
Street Address <b>1888 Ridgeview Rd.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   1   4   0   9</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Rockne A. Amicon</b>				Registration Number, if PAC	
Street Address <b>34 E. Whittier St.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   1   4   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John I. Cadwallader</b>				Registration Number, if PAC	
Street Address <b>1826 Upper Chelsea Rd.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   1   4   0   9</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Nicole Linn Kelly</b>				Registration Number, if PAC	
Street Address <b>1977 Wyandotte Rd.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   1   4   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</b>	

\* 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 appear. [R.C. 3517.10(B)(4)]

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

Page Total \$ 325.00