

## 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>Joseph R. Landusky II</b>					Registration Number, if PAC		
Street Address <b>901 South High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	200.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Nathan Sei Akamine</b>					Registration Number, if PAC		
Street Address <b>844 S. Front St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	100.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Shaw &amp; Miller, c/o Douglas Shaw</b>					Registration Number, if PAC		
Street Address <b>555 City Park Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	75.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>M. Catherine Kurila</b>					Registration Number, if PAC		
Street Address <b>49 Tibet Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	25.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43202</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Joshua R. Gelhaus</b>					Registration Number, if PAC		
Street Address <b>6924 Maybrook St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	75.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Thomas J. Efta</b>					Registration Number, if PAC		
Street Address <b>4194 Lawnview Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	35.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kimberly Cocroft</b>					Registration Number, if PAC		
Street Address <b>988 Wellington Blvd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	35.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43219</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 \$ 545.00