

## 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>Carlile, Patchen &amp; Murphy LLP<sup>^</sup></b>				Registration Number, if PAC			
Street Address <b>366 East Broad Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	300.00
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kafantaris Law Offices</b>				Registration Number, if PAC			
Street Address <b>625 City Park Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	50.00
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Luftman, Heck &amp; Associates, LLP</b>				Registration Number, if PAC			
Street Address <b>580 East Rich Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	200.00
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Theodore R. Saker, Jr.</b>				Registration Number, if PAC			
Street Address <b>1374 King Avenue</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	100.00
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</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	9	3	175.00
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>David H. Thomas</b>				Registration Number, if PAC			
Street Address <b>511 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	400.00
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Stephen A. Moyer</b>				Registration Number, if PAC			
Street Address <b>9 East Kossuth Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	3	100.00
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43206</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 \$ 1,325.00