

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Hummer for Judge Committee					
Full Name of Contributor Ken Parrill				Registration Number, if PAC	
Street Address 525 Landover Place		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State O	Zip Code 43230	Y 3	Amount 40.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor David Reiser					
Street Address 844 South Front		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State O	Zip Code 43215	Y 3	Amount 50.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor Jim Gilbert					
Street Address 425 Metro Place N., Suite 460		Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin		State O	Zip Code 43017	Y 3	Amount 60.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor James Owen					
Street Address 5354 North High Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State O	Zip Code 43214	Y 3	Amount 140.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor Kevin Kerns					
Street Address 65 East State Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State O	Zip Code 43215	Y 3	Amount 100.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor Scott Weisman					
Street Address 601 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State O	Zip Code 43215	Y 3	Amount 100.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor Robert Krapenc					
Street Address 601 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State O	Zip Code 43215	Y 3	Amount 100.00
				Form(Cash,Check,etc) Check	

* 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

3,900.00

Total expenditures this event

Page Total \$ 590.00