

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 Ryan M. Scott				Registration Number, if PAC	
Street Address 115 W. Main St., Suite 200		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Pamela Straughan Krivda				Registration Number, if PAC	
Street Address 3451 Stonevista Lane		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert L. McCarty Co., LPA, c/o Gregory M. Kostelac				Registration Number, if PAC	
Street Address P. O. Box 163638		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43216		Form(Cash,Check,etc) Check	
Full Name of Contributor S. Michael Miller				Registration Number, if PAC	
Street Address 4722 Shire Ridge W.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Julie Van DeMark				Registration Number, if PAC	
Street Address 481 E. Sycamore St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Galen Graham				Registration Number, if PAC	
Street Address 176 E. Gay St.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Timothy Gerrity				Registration Number, if PAC	
Street Address 400 S. 5th St., Suite 302		Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		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

Total expenditures this event

Page Total \$ 700.00