

## 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>				Registration Number, if PAC			
Full Name of Contributor <b>Ryan M. Scott</b>				Registration Number, if PAC			
Street Address <b>115 W. Main St., Suite 200</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	9		100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Pamela Straughan Krivda</b>				Registration Number, if PAC			
Street Address <b>3451 Stonevista Lane</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	9		100.00
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>Robert L. McCarty Co., LPA, c/o Gregory M. Kostelac</b>				Registration Number, if PAC			
Street Address <b>P. O. Box 163638</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	9		100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43216</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>S. Michael Miller</b>				Registration Number, if PAC			
Street Address <b>4722 Shire Ridge W.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	9		100.00
City <b>Hilliard</b>		State <b>O   H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Julie Van DeMark</b>				Registration Number, if PAC			
Street Address <b>481 E. Sycamore St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	9		100.00
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>Galen Graham</b>				Registration Number, if PAC			
Street Address <b>176 E. Gay St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	9		100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Timothy Gerrity</b>				Registration Number, if PAC			
Street Address <b>400 S. 5th St., Suite 302</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	8
				0	9		100.00
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</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 \$ 700.00