Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	3/11/15
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Maria (Caracina in Fall				
Name of Committee in Full Committee to Po-Flect Judge Hummer				
Committee to Re-Elect Judge Hummer			I Paris de Maria de Conso	
Full Name of Contributor Kohrman Jackson & Krantz PLL PAC	Registration Number, if PAC OH1341			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1375 East Ninth Street, 20th Floor			0 3 1 1 1 5 \$250.00	
City	Staj te	Zip Code	Form (Cash, Check, etc.)	
Cleveland	ОН	44114	Check	
Full Name of Contributor	Registration Number, if PAC			
Joseph L. Mas, Attorney at Law				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
330 South High St.			0 3 1 1 1 5 \$100.00	
City	Staj te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Dustin M. Blake Co., LLC				
Street Address	Employer/Occup	stion/Labor Organization*	M D Y Amount	
580 S. High St., Suite 200			0 3 1 1 1 5 \$150.00	
City	Sta to	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor	-		Registration Number, if PAC	
Lawrence A. Riehl LLC				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
500 S. Front St., Suite 200			0 3 1 1 1 5 \$250.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor Joseph R. Landusky II	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
901 South High Street			0 3 1 1 1 5 \$600.00	
City	Starte	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH _.	43206	Check	
Full Name of Contributor Scott & Nolder Co., LPA			Registration Number, if PAC	
Street Address 35 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 1 1 5 \$150.00	
City	Stai te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH.	43215	Check	
Full Name of Contributor Nathan S. Akamine	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
844 S. Front St.			0 3 1 1 1 5 .\$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	Check	

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

In the date column			
Total contributions this event	Total expenditures this event.		
\$0.00	\$0.00		

\$1,600.00 Page Total \$

^{*} 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 also appear. [R.C. 3517.10(B)(4)]