Event Date	6/25/09
Page	10

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed b	y Secr	etary of State 3/05		O February and a second second				
Name of Committee in Full									
Hummer for Judge Committee						.001.0			
Full Name of Contributor				Registratio	Registration Number, if PAC				
Jeffrey McClelland	F C	\	ian/Lahar Organization*	М	D	Y	Amount		
Street Address	Employer/C	Employer/Occupation/Labor Organization*		0 6	1	9	Amount	75.00	
1013 Dublin Road City	State		Zip Code	Form(Cas	h,Check,et			70.00	
Columbus	į.	H	43215	1	heck				
Full Name of Contributor				Registratio		r, if PAC			
Erin T. Reish									
Street Address	Employer/C	Occupat	tion/Labor Organization*	M	D		Amount		
1604 Grenoble Road					2 5			75.00	
City	State		Zip Code	Form(Cas		tc)			
Columbus		Н	43221	Registrati	Check	- ifDA(· ·		
Full Name of Contributor				Registrati	on Numbe	r, II PAC	-		
Mark Murphy Street Address	Employer/C	Jeenna.	tion/Labor Organization*	М	D	Y	Amount	······	
Street Address 1610 Ardwick Road	Linployen	эссира	aois Edoor Organization	1 - 1		0 9		100.00	
City	State	,	Zip Code	Form(Cas	h,Check,e			200.00	
Columbus		H	43220	1	Check				
Full Name of Contributor	and the second section of the section of t			Registrati	on Numbe	r, if PAC	2		
Newhouse, Prophater, Letcher & Mo	ots, LLC								
Street Address	Employer/0	Оссира	tion/Labor Organization*	M	D	8	Amount	450.00	
5025 Arlington Center Blvd., #400			Υ	0 6	$\frac{2 5 }{ 5 }$	0 9		150.00	
City	State		Zip Code		h,Check,e	etc)			
Columbus		Η_	43220		Check	er if PA	C.		
Full Name of Contributor				Registrati	OII I VAIIIO	, , , , , , , ,	Č		
Isaac, Brant, Ledman & Teetor, LLP Street Address	Employer/6	Оссира	tion/Labor Organization*	M	D	Y	Amount		
250 East Broad Street		Employer/Secupation Euror Signification		0 6	2 5	0 9		100.00	
City	State	e	Zip Code		sh,Check,e				
Columbus	\circ	Н	43215		Check				
Full Name of Contributor					Registration Number, if PAC				
David Decapua							· · · · · · · · · · · · · · · · · · ·		
Street Address	Employer/9	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00	
2115 Ellington Road			la: o. i.	0 6	2 5 sh,Check,	0 9		100.00	
City	State	e H	Zip Code 43221		sn,check, Check				
Columbus		11	1 40221	Registrat			C		
Full Name of Contributor Donna K. Mason				1108.5.		,			
Street Address	Employer/	Employer/Occupation/Labor Organization*		М	D	Y	Amount	***************************************	
1570 London Drive		, , , , , , , , , , , , , , , , , , , ,		0 6		0 9		100.00	
City	Stat	е	Zip Code	Form(Ca	sh,Check,	etc)			
Columbus		Н	43221	(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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]