

Event Date	9/29/09
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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 Ileen M. Harklerode				Registration Number, if PAC	
Street Address 3457 River Landings Blvd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Thomas P. Cotter				Registration Number, if PAC	
Street Address 1821 N. Devon Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John H. Hunter				Registration Number, if PAC	
Street Address 1826 Edgemont Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mrs. Robert L. Hamlin				Registration Number, if PAC	
Street Address 1520 Grenoble Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Eric E. Ray				Registration Number, if PAC	
Street Address 2740 Vassar Place	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Geoffrey H. Bevan				Registration Number, if PAC	
Street Address 3115 Mount Holyoke Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jan T. Strahm				Registration Number, if PAC	
Street Address 2130 W. Lane Avenue	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00

* 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 \$ 575.00