

Event Date 3/11/09

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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 Ronald T. Erb				Registration Number, if PAC		
Street Address 428 Blandings Ct.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount 50.00
City Worthington	State O	Zip Code H 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Lauren T. McGarity				Registration Number, if PAC		
Street Address 5724 Autumn Hill Ct.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount 50.00
City Columbus	State O	Zip Code H 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Sean G. Cleary				Registration Number, if PAC		
Street Address 206 E. Hocking St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount 50.00
City Canal Winchester	State O	Zip Code H 43110	Form(Cash,Check,etc) Check			
Full Name of Contributor David E. Migliore				Registration Number, if PAC		
Street Address 213 Melbourne Pl.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount 50.00
City Worthington	State O	Zip Code H 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas W. McGarity				Registration Number, if PAC		
Street Address 7708 Tillinghast Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount 50.00
City Dublin	State O	Zip Code H 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas A. Raphael				Registration Number, if PAC		
Street Address 786 Timer Way Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount 50.00
City Worthington	State O	Zip Code H 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Julie K. Nini				Registration Number, if PAC		
Street Address 21211 Darcann Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount 50.00
City Columbus	State O	Zip Code H 43220	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 \$ 350.00