

Event Date 8/20/09

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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 B. Noga					Registration Number, if PAC		
Street Address 223 Winthrop Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 250.00
City Columbus	State O	H H	Zip Code 432114	Form(Cash,Check,etc) Check			
Full Name of Contributor Anna Marie Lash					Registration Number, if PAC		
Street Address 5172 Willow Grove Pl. S.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 50.00
City Dublin	State O	H H	Zip Code 43017	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 8	Y 2	Amount 100.00
City Worthington	State O	H H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Ellen E. Ahern					Registration Number, if PAC		
Street Address 1783 Harwitch Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 50.00
City Columbus	State O	H H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Janet Grubb					Registration Number, if PAC		
Street Address 4062 Georgesville Wrightsville Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 150.00
City Grove City	State O	H H	Zip Code 43123	Form(Cash,Check,etc) Check			
Full Name of Contributor Kristin L. Berger					Registration Number, if PAC		
Street Address 4554 Coolbrook Drive		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 50.00
City Hilliard	State O	H H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas D. Beal					Registration Number, if PAC		
Street Address 755 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 150.00
City Columbus	State O	H H	Zip Code 43206	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 \$ 800.00