3	1-	E			
R	C.	35	17.	10	B)

·			
Event Date	6/25/09		
Page	2		

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05				
Name of Committee in Full						
Hummer for Judge Committee						
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC		
Merry M. Hamilton				,		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
1710 Essex Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$O \mid H$	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
Tyack, Blackmore & Liston Co., LPA, c	o Thoma	s M. Tyack				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
536 South High Street			0 6 2 5 0 9	200.00		
City	State	Zip Code	Form(Cash,Check,etc)	and the same		
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Laura L. Richter				i .		
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount			
1818 Bedford Rd.			0 6 2 5 0 9	559.16		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43212	Check			
Full Name of Contributor	Registration Number, if PAC					
Elizabeth M. Moore						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
2343 Swansea Rd.			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H 43221		Check			
Full Name of Contributor			Registration Number, if PAC			
Richard C. Bair						
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount			
1751 Roxbury Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$O \mid H$	43212	Check			
Full Name of Contributor			Registration Number, if PAC			
Gail B. Marsh						
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount			
2266 Club Road			0 6 2 5 0 9	500.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
Catherine R. Drake						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
2611 Berwyn Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43221	Check			
				Company of the Compan		

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 \$ 1,659.16
2.650.00		

^{*} 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)]