

Event Date	6/19/09
Page	4

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 Kravitz, Brown, & Dortch, LLC, c/o Janet E. Kravitz				Registration Number, if PAC			
Street Address 65 E. State St., Suite 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Blaise Baker				Registration Number, if PAC			
Street Address 600 S. High St., Suite 201		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	150.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Thomas Sturges				Registration Number, if PAC			
Street Address 2020 Andover Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	100.00
City Columbus		State O	H	Zip Code 43212	Form(Cash,Check,etc) Check		
Full Name of Contributor Sean Maxfield				Registration Number, if PAC			
Street Address 825 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Dennis Day				Registration Number, if PAC			
Street Address 330 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code	Form(Cash,Check,etc)		

* 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

2,650.00

Total expenditures this event

Page Total \$ 550.00