Event Date	6/25/09
Page	5

## Statement of Contributions Received at a Social or Fundraising Event

<u>i</u>	Prescribed by	Secr	retary of State 3/05			~~~	
Name of Committee in Full		************					
Hummer for Judge Committee							
Full Name of Contributor				Registration Number, if PAC			
M. Beth Kiefaber							
Street Address	Employer/Occupation/Labor Organization*			M	D Y	Amount	
4085 Fairfax Drive				0 6 3	2 5 0 9		100.00
City	State		Zip Code		,Check,etc)		
Columbus		H	43220		heck		
Full Name of Contributor					n Number, if PA	C	
Wayne B. Harer	Wayne B. Harer						
Street Address	Employer/Occupation/Labor Organization*			М	D Y	Amount	
2549 Tremont Road	Zanproj Cr. O C Capanion Zanos C Capanion C C			10161	2   5   0   9		100.00
City	State		Zip Code		,Check,etc)		200100
Columbus	1	Н	43221	1	heck		
Full Name of Contributor			10221	CONTRACTOR	n Number, if PA	C	
Joseph A. Sugar III							
Street Address	Employer/Occupation/Labor Organization*			M	D Y	Amount	
2325 Coventry Road		٠	S	1016	2   5   0   9	5	100.00
City	State		Zip Code		n,Check,etc)		100.00
Columbus	1	Н	43221	,	heck		
Full Name of Contributor				NAME OF TAXABLE PARTY.	n Number, if PA	.C	
Kyle Fitzpatrick Corna					,		
Street Address	Employer/O	ccupa	tion/Labor Organization*	м	D Y	Amount	
1765 Edgemont Road				1016	2   5   0   9		100.00
City	State		Zip Code	Form(Casl	n,Check,etc)		100.00
Columbus	1	Н	43212		heck		
Full Name of Contributor					on Number, if PA	.С	
L. Youngblood Bruce				*	•		
Street Address	Employer/Occupation/Labor Organization*		М	D Y	Amount		
1946 Concord Road		Employer/occupations Easts: Organization		0 6	2   5   0   9		100.00
City	State		Zip Code	Form(Casl	ı,Check,etc)		100:00
Columbus		Н	43212		heck		
Full Name of Contributor		. <u>1</u>		in a surround of the surround	on Number, if PA	LC C	
Mary Clare Bauer					,		
Street Address	Employer/O	ecupa	ation/Labor Organization*	M	D Y	Amount	
1798 Ridgeview Road	Employer/Occupation/Labor Organization			1 1	2 5 0 9	B .	100.00
City	State Zip Code				n,Check,etc)		100.00
Upper Arlington		Н	43221		heck		
Full Name of Contributor		L I	10441		on Number, if PA		
				registratic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0	•
Mary A. Stephensen Street Address	Employer/Occupation/Labor Organization*			M	D Y	Amount	
2324 Abington Road	Employer/Occupation/Labor Organization			1 1	2 5 0 9	B	100.00
City	State		Zip Code	Form(Cael	n,Check,etc)		100.00
Upper Arlington	1	Н	43221	1	Check		
Opper miniguit	1 /	L .L	TV441		TICCN		

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 \$	700.00

<sup>\*</sup> 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)]