

Event Date	<u>6/25/09</u>
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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 M. Beth Kiefaber				Registration Number, if PAC	
Street Address 4085 Fairfax Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Wayne B. Harer				Registration Number, if PAC	
Street Address 2549 Tremont Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph A. Sugar III				Registration Number, if PAC	
Street Address 2325 Coventry Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Kyle Fitzpatrick Corna				Registration Number, if PAC	
Street Address 1765 Edgemont Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor L. Youngblood Bruce				Registration Number, if PAC	
Street Address 1946 Concord Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Clare Bauer				Registration Number, if PAC	
Street Address 1798 Ridgeview Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Upper Arlington	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary A. Stephensen				Registration Number, if PAC	
Street Address 2324 Abington Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Upper Arlington	State O	Zip Code 43221	Amount 100.00	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 \$ 700.00