

Event Date	9/15/09
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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 Tim McVey				Registration Number, if PAC	
Street Address 4417 Collingdale Road		Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 0 9	Amount 25.00
City Columbus	State O H	Zip Code 43231		Form(Cash,Check,etc) Cash	
Full Name of Contributor Paul Khoury				Registration Number, if PAC	
Street Address 704 Neil Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Cash	
Full Name of Contributor E.J. Davis				Registration Number, if PAC	
Street Address 506 Brevoort Rd.		Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Cash	
Full Name of Contributor Brad Clucus				Registration Number, if PAC	
Street Address 301 Blenheim Road		Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 0 9	Amount 25.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Cash	
Full Name of Contributor Jon Myers				Registration Number, if PAC	
Street Address 338 Crestview Road		Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 0 9	Amount 30.00
City Columbus	State O H	Zip Code 43202		Form(Cash,Check,etc) Cash	
Full Name of Contributor Thomas Ted Moriarty				Registration Number, if PAC	
Street Address 4343 Marland Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 0 9	Amount 20.00
City Columbus	State O H	Zip Code 43224		Form(Cash,Check,etc) Cash	
Full Name of Contributor Tom Lewis				Registration Number, if PAC	
Street Address 226 Irving Way		Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 0 9	Amount 30.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Cash	

* 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 \$ 280.00