

Event Date 8/22/09

Page 2

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 Thomas E. Szykowny				Registration Number, if PAC	
Street Address 250 S. Parkview Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Stephen R. Buchenroth				Registration Number, if PAC	
Street Address 2342 Collins Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Stephen D. Browning				Registration Number, if PAC	
Street Address 640 Sycamore Mill Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Tom Tarp				Registration Number, if PAC	
Street Address 52 E. Gay Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Joseph R. Miller				Registration Number, if PAC	
Street Address 1670 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James H. Gross				Registration Number, if PAC	
Street Address 5 Sessions Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Raymond D. Anderson				Registration Number, if PAC	
Street Address 2419 Home Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Delaware	State O	Zip Code 43015	Form(Cash,Check,etc) Check		Amount 50.00

* 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)]

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 \$ 650.00