Event Date	8/20/09
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed	by Seci	retary of State 3/05		
Name of Committee in Full					
Hummer for Judge Committee	***************************************		30130		
Full Name of Contributor				Registration Number, if PAC	
Sarah E. Ball					
Street Address	Employer/	Occupa	tion/Labor Organization*	M D Y Amount	F7F 00
4314 Donington Drive				0 8 2 0 0 9	575.00
City	Stat		Zip Code	Form(Cash,Check,etc)	
Columbus		H	43220	Check Registration Number, if PAC	
Full Name of Contributor				Registration Number, it PAC	
Steven L. Ball	[F1	/0	tion/Labor Organization*	M D Y Amount	
Street Address	Employer	Employer/Occupation/Labor Organization*		0 8 2 0 0 9	475.00
1010 Old Henderson Road, Suite 1	Stat	to	Zip Code	Form(Cash,Check,etc)	475.00
City	_ !	Н	43220	Check	
Columbus Full Name of Contributor		1 1	1 4022V	Registration Number, if PAC	
				, , , , , , , , , , , , , , , , , , , ,	
John L. Tanoury Street Address	Employer	/Occupa	ation/Labor Organization*	M D Y Amount	
1010 Old Henderson Road, Suite 1	Employen	Employer/Occupation/Labor Organization		0 8 2 0 0 9	200.00
City	Sta	te	Zip Code	Form(Cash,Check,etc)	_ 000.00
Columbus		H	43220	Check	
Full Name of Contributor				Registration Number, if PAC	
Mary Ann Gall					
Street Address	Employer	Employer/Occupation/Labor Organization*		M D Y Amount	
825 Old Woods Rd.				0 8 2 0 0 9	100.00
City	Sta	te	Zip Code	Form(Cash,Check,etc)	
Columbus		Н	43235	Check	
Full Name of Contributor	Comment of the Commen	nea congruence en environment		Registration Number, if PAC	
Clare Bauer					
Street Address	Employer/Occupation/Labor Organization*		ation/Labor Organization*	M D Y Amount	
1798 Ridgeview				0 8 2 0 0 9	50.00
City	Sta		Zip Code	Form(Cash,Check,etc)	
Columbus		Н	43221	Cash	
Full Name of Contributor				Registration Number, if PAC	
John Bedell					
Street Address	Employer/Occupation/Labor Organization*		ation/Labor Organization*	M D Y Amount	E0.00
2228 Johnston Rd.				0 8 2 0 0 9	50.00
City	Sta		Zip Code	Form(Cash,Check,etc)	
Columbus	\perp LQ \perp	H	43220	Cash	
Full Name of Contributor				Registration Number, if PAC	
William Mooney	Ir1	./0	ation/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		auon/Lauor Organization*	$\begin{vmatrix} M & D & Y \\ 0 & 8 & 2 & 0 & 0 & 9 \end{vmatrix}$	50.00
299 S. Chesterfield	State Zip Code		7in Code	Form(Cash,Check,etc)	50.00
Columbus		Н	43209	Cash	
Columbus		<u> 11</u>	1 コング	T Casil	

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 \$ 1.500.00
2.900.00		

^{*} 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)]