31-E R.C. 3517.10(B)

Event Date	6/25/09
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Statement of Contributions Received at a Social or Fundraising Event

Sec.	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
Hummer for Judge Committee						
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC		
Ralph W. Anderson						
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount			
4469 Summit Ridge Dr.		•	0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$O \mid H$	43220	Check			
Full Name of Contributor			Registration Number, if PAC			
P. Brent Wrightsel						
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	100.00		
2245 Tremont Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	<u> </u>	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
Judy C. Laning				·		
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	400.00		
1981 Bedford Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$\log H$	43212	Check			
Full Name of Contributor			Registration Number, if PAC			
Melinda B. Westfall						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	100.00		
1670 Doone Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$I_{O} \mid H$	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
James P. Simpson	<u> </u>					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	100.00		
1888 Ridgeview Rd.		Ta: a	0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	<u> </u>	43221	Check Check			
Full Name of Contributor			Registration Number, if PAC			
Stuart R. Jones	- In		M D Y Amount			
Street Address	Employer/Occup	ation/Labor Organization*		100.00		
1988 Edgemont Rd. N.		17: O.1	0 6 2 5 0 9 Form(Cash,Check,etc)	100.00		
City	State	Zip Code				
Columbus		43212	Check Resistation Number of BAC			
Full Name of Contributor			Registration Number, if PAC			
Gayle H. Miller	IF 1 (0	ting a transfer tion *	M D Y Amount			
Street Address	Employer/Occup	oation/Labor Organization*	0 6 2 5 0 9	100.00		
2296 Cheltenham Road	Stat-	T7:n Codo	Form(Cash, Check, etc)	100.00		
City	State H	Zip Code 43220	Check			
Columbus	IOIH	J 4322U	CHECK PROPERTY			
Required for contributions from individuals over \$100 to statewide a	nd general assembly cand	idates. If contributor is self-en	nployed, the occupation and the name of the	;		

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

^{*} 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)]