

Event Date 3/11/09

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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 Donald M. Yore			Registration Number, if PAC	
Street Address 1555 Hankinson Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 50.00
City Granville	State O H	Zip Code 43023	Form(Cash,Check,etc) Check	
Full Name of Contributor Rocne A. Amicon			Registration Number, if PAC	
Street Address 34 E. Whittier Street	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor American Power & Light LLC			Registration Number, if PAC	
Street Address P. O. Box 182937	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43218	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas F. Flood			Registration Number, if PAC	
Street Address 3420 Polley Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel P. Melaragno			Registration Number, if PAC	
Street Address 61 Blenheim Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas P. Wagoner			Registration Number, if PAC	
Street Address 1601 Heatherwae Loop	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Judith A. Golden			Registration Number, if PAC	
Street Address 101 E. Beaumont Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43214	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 \$ 450.00