

Event Date 06/19/09

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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 David J. Graeff			Registration Number, if PAC		
Street Address 4756 Crazy Horse Lane	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Westerville	State O	Zip Code 43081	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor P. Dennis Pusateri			Registration Number, if PAC		
Street Address 492 City Park Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43215	Amount 150.00	Form(Cash,Check,etc) Check	
Full Name of Contributor John J. Chester, Jr.			Registration Number, if PAC		
Street Address 4906 Riverside Drive, B	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43220	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Carl J. Meyer			Registration Number, if PAC		
Street Address 1243 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43206	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard S. Ketcham			Registration Number, if PAC		
Street Address 1937 Elmwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor David C. Stebbins			Registration Number, if PAC		
Street Address 2054 Stokeswood Ct.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Dublin	State O	Zip Code 43016	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor David B. Pariser			Registration Number, if PAC		
Street Address 2557 Bexley Park Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Bexley	State O	Zip Code 43209	Amount 100.00	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 \$ 850.00