

Event Date	9/9/09
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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 Gordon P. Shuler				Registration Number, if PAC	
Street Address 115 W. Main St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor James K. Hunter III				Registration Number, if PAC	
Street Address 673 Mohawk St., Suite 400	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor David C. Winters				Registration Number, if PAC	
Street Address 471 E. Broad St., Suite 1400	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Sean H. Maxfield				Registration Number, if PAC	
Street Address 825 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Richard S. Ketcham				Registration Number, if PAC	
Street Address 755 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Law Offices of John L. Alden				Registration Number, if PAC	
Street Address One Livingston Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Thomas Evan Morgan & Associates				Registration Number, if PAC	
Street Address 906 E. Broad Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43205	Form(Cash, Check, etc) Check		Amount 100.00

* 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 \$ 700.00