

Event Date	<u>3/11/09</u>
Page	<u>3</u>

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 Joseph A. Motil				Registration Number, if PAC	
Street Address 370 Walhalla Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43214	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen P. Campbell				Registration Number, if PAC	
Street Address 8430 Lazelle Village Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Lewis Center	State O	Zip Code 43035	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Donna M. Swartz				Registration Number, if PAC	
Street Address 2585 Westmont Blvd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43221	Amount 70.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Kevin G. Rooney				Registration Number, if PAC	
Street Address 3 High Park Ct.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Elgin	State S	Zip Code 29045	Amount 150.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Ann L. Moses				Registration Number, if PAC	
Street Address 5771 Dublin Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Dublin	State O	Zip Code 43017	Amount 150.00	Form(Cash,Check,etc) Check	
Full Name of Contributor R. Kevin Kerns				Registration Number, if PAC	
Street Address 1902 Lake Shore Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43204	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen L. Polis				Registration Number, if PAC	
Street Address 421 Fairlawn Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43214	Amount 250.00	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 \$ 940.00