

Event Date	8/22/09
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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 J. Scott Jamieson				Registration Number, if PAC		
Street Address 6818 Ravine Circle	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Russell M. Gertmenian				Registration Number, if PAC		
Street Address 76 Stanbery Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert S. Werth				Registration Number, if PAC		
Street Address 4527 Tavistock Circle	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) Check			
Full Name of Contributor Bruce L. Ingram				Registration Number, if PAC		
Street Address 52 E. Gay St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor John J. Kulewicz				Registration Number, if PAC		
Street Address 2104 Yorkshire Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Chris J. North				Registration Number, if PAC		
Street Address 10499 Riverside Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) Check			
Full Name of Contributor Aaron P. Rosenfeld				Registration Number, if PAC		
Street Address 2780 Elm Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Bexley	State O	Zip Code 43209	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 \$ 700.00