

Event Date	6/19/09
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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 M. Elizabeth Gill				Registration Number, if PAC	
Street Address 33 E. Columbus St.		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43206	Y	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor David A. Belinky					
Street Address 326 S. High St., Suite 300		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43215	Y	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Lou Friscoe					
Street Address 860-A South Third Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43206	Y	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor John T. Conroy					
Street Address 3363 Tremont Rd., Suite 104C		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43221	Y	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Gerald T. Sunbury					
Street Address 495 S. High St., Suite 400		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43215	Y	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Carpenter Lipps & Leland LLP, c/o Michael H. Carpenter					
Street Address 280 N. High Street, Suite 1300		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43215	Y	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor The Plymale Partnership, LLP, c/o Andrew W. Cecil					
Street Address 495 S. High St., Suite 400		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43215	Y	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 \$ 700.00