Event Date	6/25/09
Page	7

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
Hummer for Judge Committee						
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC		
Linda Bevan						
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	100.00		
3115 Mount Holyoke Road		Tank of the	0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Upper Arlington Full Name of Contributor		43221	Check Registration Number, if PAC			
Robert R. Dunn			Registration Number, it FAC			
Street Address	Employer/Occups	ation/Labor Organization*	M D Y Amount			
1764 Edgemont Road	Employer/Occupa	Month Dabor Organization	0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)	100.00		
Columbus	$O \mid H$	43212	Check			
Full Name of Contributor			Registration Number, if PAC			
Julie K. Nini						
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount			
1211 Darcann Dr.			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$O \mid H$	43220	Check			
Full Name of Contributor			Registration Number, if PAC			
Douglas R. Cole						
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	400.00		
2545 Abington Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Upper Arlington	OH	43221	Check Project Check			
Full Name of Contributor			Registration Number, if PAC			
Mark A. Shutt Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
l .	Employer/Occup	ation/Labor Organization	0 6 2 5 0 9	100.00		
2225 Edgevale Road	State	Zip Code	Form(Cash,Check,etc)	100.00		
Columbus	H	43221	Check			
Full Name of Contributor		TUZZI	Registration Number, if PAC			
Kimberly A. Dennis						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
1875 Roxbury Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	ОН	43212	Check			
Full Name of Contributor			Registration Number, if PAC			
Maria K. Rankin						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
2028 Coventry Road			0 6 2 5 0 9	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43212	Check			
0100	and conord according to	idataa If aantributaa ia aale	played the accomption and the name of the			
equired for contributions from individuals over \$100 to statewide	and general assembly candi	uates, ii contributor is self-em	proyed, the occupation and the name of the			

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

^{*} 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)]