

Event Date 5/20/09

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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 ITW Ventures Inc. dba High-Beck Tavern (returned, see expenditures)				Registration Number, if PAC	
Street Address 564 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Dennis Belli				Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code H 43206	Form(Cash,Check,etc) Cash		Amount 40.00
Full Name of Contributor Sean Boyle				Registration Number, if PAC	
Street Address 274 W. Kenworth	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code H 43214	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Mark Collins				Registration Number, if PAC	
Street Address 492 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor J. Dodgiov				Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code H 43206	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor George Luther				Registration Number, if PAC	
Street Address 536 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor James Owens				Registration Number, if PAC	
Street Address 5354 N. High Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code H 43214	Form(Cash,Check,etc) Cash		Amount 140.00

* 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 \$ 680.00