

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 <b>Hummer for Judge Committee</b>							
Full Name of Contributor <b>Laura Adkins Bogrees</b>				Registration Number, if PAC			
Street Address <b>330 S. High St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2009	35.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John W. Keeling</b>				Registration Number, if PAC			
Street Address <b>679 Overbrook Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2009	35.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43214</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mitchell A. Williams</b>				Registration Number, if PAC			
Street Address <b>353 Hull Aly</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2009	35.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Zachary Scott</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2009	50.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Joseph V. Maskovyak</b>				Registration Number, if PAC			
Street Address <b>2061 Willowick Circle</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2009	50.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43229</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Laurel A. Beatty</b>				Registration Number, if PAC			
Street Address <b>268 East Gates St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2009	50.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Carol A. Wright</b>				Registration Number, if PAC			
Street Address <b>1413 Buena Vista St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2009	50.00
City <b>Pittsburgh</b>		State <b>P</b>	A	Zip Code <b>15212</b>		Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 305.00