Event Date	10/28/09
Page	6

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	oretary of State 3/05					
Name of Committee in Full							
Hummer for Judge Committee			In	·	1CD/	<u> </u>	
Full Name of Contributor			Registra	ion Num	ber, ii PF	ıC	
Mark Serrott	In 1/0	-/: -/* -t Oition*	M	D	Y	Amount	
Street Address	Employer/Occupation/Labor Organization*		1	$\begin{vmatrix} 1 \\ 2 \end{vmatrix} 8$	1	1	50.
502 S. Third St.	04.44	Zip Code	I U	sh,Checl	(oto)		50.
City Cally and India	State	43215	Tomica	Cash			
Columbus Full Name of Contributor		43213	Registra			\C	
			registra				
Paul Scott, Jr. Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
	Employer/Occup	Employer/Occupation/Labor Organization*		2 8			50.
536 S. High Street	State	Zip Code		sh,Chec			00.
	OH	43215	1 0,111,(0,	Casł			
Columbus Full Name of Contributor		10210	Registra	AND DESCRIPTION OF THE PARTY OF	ber, if Pa	AC	
Dan Shartzer					,		
Street Address	Employer/Occum	ation/Labor Organization*	M	D	Y	Amount	
	Employen Goodp	ation and or Samuel	1 0	1		R	25.
373 S. High St., 12th Floor	State	Zip Code		ash,Chec	k,etc)		
Columbus	$O \mid H$	43215		Casl			
Full Name of Contributor		10210	Registration Number, if PAC				
Paul Morrison					·		
Street Address	Employer/Occur	ation/Labor Organization*	M	D	Y	Amount	
1001 Esther Dr.	Employer/Occupation/Labor Organization		1 0	2 8	0 9		50.
City	State	Zip Code		ash,Chec	k,etc)		
Columbus	ОН	43207	Ì	Casl			
Full Name of Contributor		30207	Registra		ber, if P	AC	
Bob Bernard							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
373 S. High St., 12th Floor			1 0	2 8	0 9		50.
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Columbus	\cap H	43215	Cash				
Full Name of Contributor			Registra	ition Nur	nber, if P	AC	
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	
					1		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
					moromogramica		
equired for contributions from individuals over \$100 to statewide	and general assembly cand	lidates. If contributor is self-en	nployed, the	occupatio	on and the	name of th	e
vidual's business, if any, rather than employer should be listed. If	two or more employees co	ntribute via payroll deduction	and exceed t	he aggres	gate of \$1	00, the labo	f
nization of which the employees are members, if any, must appe							

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 \$ 225.00

in