

Event Date	8/28/09
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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 Mark L. McPherson				Registration Number, if PAC			
Street Address 1791 Baldrige Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	150.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Gregory N. Finnerty				Registration Number, if PAC			
Street Address 6013 Round Tower Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	150.00
City Columbus		State O	H	Zip Code 43017	Form(Cash,Check,etc) Check		
Full Name of Contributor Anna E. Nitze				Registration Number, if PAC			
Street Address 257 E. Moler St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	50.00
City Columbus		State O	H	Zip Code 43207	Form(Cash,Check,etc) Check		
Full Name of Contributor Melloni R. Carmell DeMuth				Registration Number, if PAC			
Street Address 2216 Coventry Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	30.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) Check		
Full Name of Contributor Matthew A. Zenko				Registration Number, if PAC			
Street Address 328 W. 2nd Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	100.00
City Columbus		State O	H	Zip Code 43201	Form(Cash,Check,etc) Check		
Full Name of Contributor Paula L. Brooks				Registration Number, if PAC			
Street Address 4585 Benderton Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	200.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor Mark L. Heath				Registration Number, if PAC			
Street Address 2035 Tremont Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	200.00
City Columbus		State O	H	Zip Code 43221	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 \$ 880.00