

Event Date	9/15/09
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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 Richard C. Pfeiffer, Jr.				Registration Number, if PAC			
Street Address 238 E. Royal Forest Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	25.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Gill Brothers LLC dba India Oak Grill, c/o Terry Gill				Registration Number, if PAC			
Street Address 590 A Oakland Park Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Joseph L. Mas				Registration Number, if PAC			
Street Address 330 South High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Marilyn K. Coffey				Registration Number, if PAC			
Street Address 4803 Grove Point Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Groveport		State O	H	Zip Code 43125	Form(Cash,Check,etc) Check		
Full Name of Contributor Mark Dempsey				Registration Number, if PAC			
Street Address 1305 Westwood Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus		State O	H	Zip Code 43212	Form(Cash,Check,etc) Check		
Full Name of Contributor Nancy K. Wonnell				Registration Number, if PAC			
Street Address 330 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor E. Scott Shaw				Registration Number, if PAC			
Street Address 500 S. Front St., Suite 130		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus		State O	H	Zip Code 43215	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 \$ 475.00