31-E R.C. 3517.10(B)

Event Date	9/15/09			
Page	6			

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 3/05				
Name of Committee in Full						
Hummer for Judge Committee						
Full Name of Contributor				Registration Number, if PAC		
Rick Piatt						
Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amou		
713 S. Front St.			0 9 1		100.00	
City	State	Zip Code	Form(Cash,Che	DOM: STATE OF THE PARTY OF THE		
Columbus	$O \mid H \mid$	43215	Cas	h		
Full Name of Contributor			Registration No	ımber, if PAC		
Mark Welling						
Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amou		
12850 Blamer Road	Zimploj di / Oddapation Zimbo		0 9 1	5 0 9	50.00	
City	State Zip Code		Form(Cash,Che	eck,etc)		
Columbus	OH	43215	Cas			
Full Name of Contributor		<u> </u>	Registration N			
Steve Martin			_			
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amou	ant	
Street Address	State Zip Code		0 9 1	5 0 9	40.00	
			Form(Cash,Ch		10.00	
City	1	Zip Code	Cas	100000000000000000000000000000000000000		
Columbus	IOIH		Registration N			
Full Name of Contributor			Togisti attori IV			
Mike Cull	F1/O-	stian/Labor Orcanization*	M D	Y Amo	unt	
Street Address	Employer/Occupation/Labor Organization*		1 1	1 8	40.00	
3443 Broadway Place		Ic. C. I	0 9 1 Form(Cash,Ch		40.00	
City	State	Zip Code	` '			
Columbus	<u> </u>	43214	Ca	wanterman burger and and accomplished the property of the prop		
Full Name of Contributor			Registration N	umber, if PAC		
Jerry Roderick				7 37 8.		
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amo		
			0 9 1		40.00	
City	State	Zip Code	Form(Cash,Cl	1808033		
Columbus	O H		Ca			
Full Name of Contributor			Registration N	umber, if PAC		
Craig Raphael						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amo		
1603 Green Friar Dr.					25.00	
City	State	Zip Code	Form(Cash,Cl	neck,etc)		
Columbus	$O \mid H$	43214	Ca	sh		
Full Name of Contributor			Registration N	lumber, if PAC		
Matt Halloy						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amo		
52 W. Whittier St.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 9 1	5 0 9	25.00	
City	State	Zip Code	Form(Cash,Cl			
Columbus	$O \mid H$	43206	Ca	50000000000		
# X 2012111112125						

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 \$ 320.00
2.100.00		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candi 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)]