Event Date 10/20/09		
<u> </u>	Event Date	10/20/09
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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				
Hummer for Judge Committee				
Full Name of Contributor			Registration Number, if PAC	
Mary Clare Bauer				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	E0.00
1798 Ridgeview Road	Ct-1	Zip Code	1 0 2 0 0 9 Form(Cash,Check,etc)	50.00
City	State H	43221	Check	
Upper Arlington Full Name of Contributor		1 40221	Registration Number, if PAC	
Lawrence Hummer			A Constitution of the cons	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
1798 Ridgeview Road		, and the second	1 0 2 0 0 9	661.00
City City	State	Zip Code	Form(Cash,Check,etc)	
Upper Arlington	$O \mid H$	43221	Check	
Full Name of Contributor	y Control of the Cont		Registration Number, if PAC	
Daniel D. Connor				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	E0.00
1788 Lake Shore Dr.			102009	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43204	Check Registration Number, if PAC	
Full Name of Contributor			Registration Number, if FAC	
David P. Barker Street Address	Employer/Occups	ation/Labor Organization*	M D Y Amount	
	Employer occupation Euror organization		1 0 2 0 0 9	100.00
88 Bishop Square	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	OH	43209		
Full Name of Contributor			Registration Number, if PAC	
Boyd B. Ferris				•
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1073 Lakeshore Dr. W			1 0 2 0 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Hebron	$I_{O} \mid H$	43025	Check	
Full Name of Contributor			Registration Number, if PAC	
Jack MacKinnon	In 1	-ti/I-lO-conjunction*	M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		1 0 2 0 0 9	50.00
501 S. High Street	State Zip Code		Form(Cash,Check,etc)	30.00
Columbus	OH	43215	Cash	
Full Name of Contributor	<u> </u>	10410	Registration Number, if PAC	
John Connor				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
436 W. 5th Avenue			1 0 2 0 0 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43201	Cash	

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 1.061.00

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