

Event Date 10/21/09

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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 Jim Underwood			Registration Number, if PAC	
Street Address 2273 Astor Avenue	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Cash	
Full Name of Contributor Gerard Noel			Registration Number, if PAC	
Street Address 118 E. Main Street	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Sam Weiner			Registration Number, if PAC	
Street Address 743 S. Front St.	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Kevin Kerns			Registration Number, if PAC	
Street Address 65 E. State St., Suite 1800	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Woody Fox			Registration Number, if PAC	
Street Address 289 S. 3rd St.	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 0 9	Amount 80.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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 \$ 405.00

2,555.00