Event Date	10/21/09
Page	10/21/09

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary of State 3/05						
Name of Committee in Full		-		nana na			
Hummer for Judge Committee						NO mark and a principal for market to the first of the fi	
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C	
Jim Underwood							
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	wa aa
2273 Astor Avenue			1 0	2 1	0 9		50.00
City	State	Zip Code	Form(Ca				
Columbus	$O \mid H$	43209		Cash			
Full Name of Contributor			Registrat	non Num	ber, if PA	i.C	
Gerard Noel	In 1	- (i - /i - 1 O i - (i - *	M	I 5	I v	Amount	
Street Address	Employer/Occupation/Labor Organization*		1	D	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	Amount	100.00
118 E. Main Street	State Zip Code		Form(Ca	2 1			100.00
Coloredado		43215	1 onn(Ca	Cash			
Columbus Full Name of Contributor		1 43213	Registra	CONTRACTOR DESCRIPTION OF THE PERSON OF THE	ber, if PA	.C	
Sam Weiner			registiu	HOM 2 YUM	, 11 1 1		
Street Address	Employer/Occup	ation/Labor Organization*	М	D	ΙΥ	Amount	
743 S. Front St.	Simple july accusp	8	1 0	1	1	a	100.00
City	State	Zip Code		sh,Chec			100100
Columbus	$O \mid H$	43215		Cash			
Full Name of Contributor			Registra		ber, if PA	۸C	
Kevin Kerns							
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	
65 E. State St., Suite 1800			1 0	2 1	0 9		75.00
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		
Columbus	OH	43215		Casl	1		
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC	
Woody Fox			M	,			
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	00.00
289 S. 3rd St.			1 0				80.00
City	State	Zip Code	Form(C	ash,Chec			
Columbus	<u> </u>	43215		Casl	ESPECIAL PROPERTY OF		
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC	
	E-maleuer/Occur	action / abor Ovacnization*	M	D	ΙΥ	Amount	
Street Address	Employer/Occupation/Labor Organization*		101		1 1	Miloun	
C:L.	State	Zip Code	Form(C	ash,Chec	k etc)		
City	State	Zip Code	T OIM(C	asii, Ciicc	x,cic)		
Full Name of Contributor			Registra	tion Nur	nber, if P	AC	
A MILITARIO DE COMMONOS							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
					vor de la		
quired for contributions from individuals over \$100 to statewide as							
ridual's business, if any, rather than employer should be listed. If tw	vo or more employees co	ntribute via navroll deduction :	and exceed tl	ie aggreg	ate of \$10	00, the labor	

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		

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