

Event Date	<u>3/11/09</u>
Page	<u>7</u>

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 Dennis P. Smith				Registration Number, if PAC	
Street Address 1210 Elmwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph A. Connors				Registration Number, if PAC	
Street Address 140 Indian Run Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Dublin	State O	Zip Code 43017	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor William J. Hummer				Registration Number, if PAC	
Street Address 101 Northridge Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43214	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Daniel M. Cleary				Registration Number, if PAC	
Street Address 86 Erie Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43214	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jerald T. Sullivan				Registration Number, if PAC	
Street Address 886 Afton Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Joan I. Fishel				Registration Number, if PAC	
Street Address 2601 E. Broad Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43209	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Christopher J. Campbell, Jr.				Registration Number, if PAC	
Street Address 177 E. Dunedin Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1
City Columbus	State O	Zip Code 43214	Amount 25.00	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 \$ 625.00