

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 Michael P. Kelleher				Registration Number, if PAC	
Street Address 1222 South Point Dr.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Kevin P. Mulrane				Registration Number, if PAC	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Janet A. Grubb				Registration Number, if PAC	
Street Address 4062 Georgesville Wrightsville Rd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Grove City	State O	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mahlon D. Nowland				Registration Number, if PAC	
Street Address 820 Morning St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Norman Q. Anderson				Registration Number, if PAC	
Street Address 295 E. Stewart Ave.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mary Younger				Registration Number, if PAC	
Street Address 215 E. Whittier St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Robert M. Bernard				Registration Number, if PAC	
Street Address 3387 Shattuck Ave.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2009
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 450.00