

Event Date 9/29/09

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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 Mary Clare Bauer			Registration Number, if PAC	
Street Address 1798 Ridgeview Road	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 9	Amount 50.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Erin T. Reish			Registration Number, if PAC	
Street Address 1604 Grenoble Road	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Keith W. Schneider			Registration Number, if PAC	
Street Address 2720 Crafton Park	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor S. Kurz			Registration Number, if PAC	
Street Address 2060 Wickford Road	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 9	Amount 50.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Sally T. Meier			Registration Number, if PAC	
Street Address 4575 Lanercost Way	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen L. Catalano			Registration Number, if PAC	
Street Address 2012 Arlington Ave.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Denis G. Connor			Registration Number, if PAC	
Street Address 2400 Coventry Road	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 9	Amount 75.00
City Upper Arlington	State O H	Zip Code 43221	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 \$ 575.00