5/25/09
11

## 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								
Name of Contributor				Registration Number, if PAC				
Stewart Sickles			M		1	* .		
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	- <b>0</b> E-00	
1592 College Hill			0 6 Form(Ca	2 5	0 9		25.00	
City	State H	Zip Code <b>43221</b>	Form(Ca	Cash				
Columbus Full Name of Contributor		43221	Pagietra	tion Num		Δ <i>C</i>		
Bart Williams			Registia	non ivan	oci, ii i	AC		
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
2574 Shrewsbury Road	Employer/Occupation/Labor Organization		$\frac{M}{0}$	2   5	1	B	75.00	
City	State	Zip Code	Form(Ca	sh,Checl				
Columbus	$O \mid H$	43221		Cash				
Full Name of Contributor			Registra	tion Nur		AC	41701202-2-100000000000000000000000000000	
Thomas E. Fontana								
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount		
2930 Redding Road				2 5		)	100.00	
City	State	Zip Code	1	ash,Chec				
Columbus	$O \mid H$	43221		Chec				
Full Name of Contributor			Registra	tion Nun	ber, if F	PAC		
	F 1 (6)		M	D	Y	Amount		
Street Address	Employer/Occupation/Labor Organization*		IVI		1	Amount		
С:ь.	State	Zip Code	Form(C	ash,Chec	k.etc)			
City		E.p Code		,	,,			
Full Name of Contributor			Registra	ition Nun	ıber, if F	PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
					<u></u> _			
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
			Dagigte	tion Nu	abor if I	DAC		
Full Name of Contributor			Registra	ation Nur	noer, ir r	AC		
et Address Employer/Occupation/Labor Organization*		H <sub>M</sub>	D	ΙΥ	Amount	<del></del> ,		
Sireet Address	Zampio jeni o o o u	yanon 24001 015-11-11-11						
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
ON		'		•				
Full Name of Contributor			Registra	ation Nur	nber, if l	PAC		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
City	State Zip Code		Form(C	ash,Chec	k,etc)			
				ogganijaravisewaže	######################################			
						0.1		
equired for contributions from individuals over \$100 to statewide	and general assembly can	idates. If contributor is self-en	iployed, the	occupation	on and th	ne name of the		
vidual's business, if any, rather than employer should be listed. If nization of which the employees are members, if any, must appe		ntribute via payroll deduction a	and exceed t	ne aggreg	gate of \$	100, the labor		
program of which the employees are members if any milst anne	ar. ik.u. 331/.10(15)(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 \$200.00_
9.209.16		