Event Date	3/11/09
Page	8

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
Hummer for Judge Committee						
Full Name of Contributor			Registration Nur	Registration Number, if PAC		
Noreen K. Murphy						
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount		
1610 Ardwick Rd.				2 0 9	100.00	
City	State	Zip Code	Form(Cash,Chec	k,etc)		
Columbus	O H	43220	Chec	:k		
Full Name of Contributor			Registration Nur	nber, if PAC		
Timothy A. Pond						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y Amount		
3611 Delamere Ave.				209	50.00	
City	State	Zip Code	Form(Cash,Chec	ck,etc)		
Columbus	$O \mid H$	43220	Chec	:k		
Full Name of Contributor			Registration Nur	nber, if PAC		
Michael J. Clark						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
7835 Windy Hill Ct.	Ì			2 0 9	50.00	
City	State	Zip Code	Form(Cash,Chec	ck,etc)		
Dublin	$O \mid H$	43016	Chec	ck		
Full Name of Contributor			Registration Nur	nber, if PAC		
John M. Petrucci						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
5961 Morganwood Square			0 3 1 2		50.00	
City	State	Zip Code	Form(Cash,Che	ck,etc)		
Hilliard	$O \mid H$	43026	Chec	ck .		
Full Name of Contributor Registration Number, if PAC						
Jeff Allen						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount		
174 Detroit Ave.			0 3 1 2	2 0 9	40.00	
City	State	Zip Code	Form(Cash,Che	ck,etc)		
Columbus	$O \mid H$	43201	Cas	h .		
Full Name of Contributor	MATERIAL PROPERTY OF THE PROPE		Registration Nu	mber, if PAC		
Jim Woodland						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
1865 McKinley Ave.			0 3 1 2	2 0 9	50.00	
City	State	Zip Code	Form(Cash,Che			
Columbus	$O \mid H$	43222	Casi	h		
Full Name of Contributor			Registration Nu	mber, if PAC	a (Included Andrews Co. St. 1966 Antre State Co. 1967 Antre State Co. 19	
Jim Underwood						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
2273 Astor Ave.			0 3 1 2	2 0 9	50.00	
City	State	Zip Code	Form(Cash,Che			
Columbus	ОН	43209	Casi	h kwa		
Bernard	and the second s					

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 \$390.00

^{*} 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)]