31-E R.C. 3517.10(B)

Event Date	8/20/09
Page	1

Statement of Contributions Received at a Social or Fundraising Event

State Zip Code Check		Prescribed by Sec	cretary of State 3/05		
Full Name of Contributor	Name of Committee in Full				
Fail Name of Contributor	Hummer for Judge Committee				
State Address Employer/Occupation/Labor Organization* M D Y Amount					
A729 Dierker Road	Thomas A. Brown			•	
State Zip Code Form(Cash, Check, etc)	Street Address	Employer/Occup	ation/Labor Organization*	1 1 1 1	· · · · · · · · · · · · · · · · · · ·
State Zip Code Form(Cash, Check, etc)				0 8 2 0 0 9	100.00
Full Name of Contributor Joseph Polis	City	1	Zip Code	Form(Cash,Check,etc)	
Street Address	Columbus	<u> </u>	43220		
Street Address				Registration Number, if PAC	
State Zip Code Form(Cash, Check, etc) Check					
State Worthington Form(Cash, Check, etc) Check		Employer/Occup	ation/Labor Organization*		
Worthington	6863 McCord St.				50.00
Registration Number, if PAC	City	1	1 -		
Colleen Woods Gotherman Street Address Employer/Occupation/Labor Organization* M D Y Amount 100.0 10		<u> </u>	43085	and the second s	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		diministrative and the second		Registration Number, if PAC	
State Stat	Colleen Woods Gotherman				
State Zip Code Form(Cash, Check, etc) Check		Employer/Occup	ation/Labor Organization*		
Dublin O H 43017 Check Full Name of Contributor Registration Number, if PAC Robert M. Shields Employer/Occupation/Labor Organization* M D Y Amount 3939 Pegg Ave. State Zip Code Check Form(Cash, Check, etc) Columbus Check Check Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 891 Clubview Blvd. N State Zip Code Clumbus Form(Cash, Check, etc) Columbus O H 43235 Form(Cash, Check, etc) Full Name of Contributor Registration Number, if PAC Joan E. Dixon Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 8839 Vineyard Haven Dr. State Zip Code Check Form(Cash, Check, etc) O H 43016 Check Full Name of Contributor Thomas Wood, Jr. Employer/Occupation/Labor Organization* M D Y Amount Check Thomas Wood, Jr. Employer/Occupation/Labor Organization* M D Y Amount Check Street Address Employer/Occupation/Labor Organization* <t< td=""><td></td><td></td><td></td><td></td><td>100.00</td></t<>					100.00
Registration Number, if PAC		į.	1 '		
Robert M. Shields		<u> </u>	43017		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registration Number, if PAC	
3939 Pegg Ave.					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occup	ation/Labor Organization*	1 1 1	F0.00
Columbus O H 43214 Check Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 891 Clubview Blvd. N State Zip Code Form(Cash,Check, etc) Check Columbus O H 43235 Check Full Name of Contributor Registration Number, if PAC Joan E, Dixon Imployer/Occupation/Labor Organization* M D Y Amount Amount 0 8 2 0 9 100.0			T		50.00
Full Name of Contributor Richard C. Slavin Street Address 891 Clubview Blvd. N City Columbus Full Name of Contributor Joan E. Dixon Street Address 8839 Vineyard Haven Dr. City Dublin Full Name of Contributor Full Name of Contributor State Dublin Full Name of Contributor State			1 -		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			43214	CONTRACTOR OF THE PROPERTY OF	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registration Number, if PAC	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		In-1/0	-ti/r -t Oiti*	M D V Amount	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occup	atton/Labor Organization"	1 1 1 1	100.00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Stata	Trin Codo	Form(Cash Check etc)	100.00
Full Name of Contributor Joan E. Dixon Street Address 8839 Vineyard Haven Dr. City Dublin Full Name of Contributor Thomas Wood, Jr. Street Address Employer/Occupation/Labor Organization* O 8 2 0 0 9 100.0 Form(Cash, Check, etc) Registration Number, if PAC Form(Cash, Check, etc) Registration Number, if PAC Thomas Wood, Jr. Street Address Employer/Occupation/Labor Organization* M D Y Amount O 8 2 0 0 9 100.0 Thomas Wood, Jr. Street Address Employer/Occupation/Labor Organization* Tool Meadoway Ct. State Zip Code Form(Cash, Check, etc)		1	'		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			43233	appropriate the contract of th	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registration Puniber, it i Me	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occur	ation/Labor Organization*	M D Y Amount	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*		1 1 1 1	100.00
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		State	Zin Code		100.00
Full Name of Contributor	-	1	1 -		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			-10010		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
1700 Meadoway Ct. 0 8 2 0 0 9 100.0 City State Zip Code Form(Cash, Check, etc.)		Employer/Occur	oation/Labor Organization*	M D Y Amount	
City State Zip Code Form(Cash,Check,etc)			J		100.00
		State	Zip Code		_00.00
	To the state of th		1 '		

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

Total contributions this event	Total expenditures this event	
		Page Total \$600.00
object at the second		

^{*} R indi org