10/28/09
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 5/03			
Name of Committee in Full					
Hummer for Judge Committee					
Full Name of Contributor			Registration Number, if PAC		
Norman Q. Anderson					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	100.00	
295 E. Stewart Ave.			1 0 2 8 0 9	100.00	
City	1 "	Zip Code	Form(Cash,Check,etc)		
Columbus		43206	Check Description Number of BAC		
Full Name of Contributor			Registration Number, if PAC		
Joseph A. Connors			M D Y Amount		
Street Address	Employer/Occupation/Labor Organization*			100.00	
140 Indian Run Dr.		71- C-1	1 0 2 8 0 9 Form(Cash,Check,etc)	100.00	
City	State	Zip Code	Check		
Dublin	<u> </u>	43017	Registration Number, if PAC		
Full Name of Contributor			Registration Number, it rAC		
Patrick M. Fleming		diana / Tarkana Onna and and and	M D Y Amount		
Street Address	Employer/Occupa	ation/Labor Organization*	1 0 2 8 0 9	100.00	
2128 Poplar St.		Tin Cod-	T U Z 8 U 9	100.00	
City	State	Zip Code 43207	Check		
Columbus	$O \mid H$	L 43ZU/	Registration Number, if PAC		
Full Name of Contributor			Tropionation Transport, in the		
Terry K. Sherman	r/^	ation/Labor Organization*	M D Y Amount		
Street Address	Employer/Occupation/Labor Organization*		1 0 2 8 0 9	250.00	
175 S. Merkle Rd.	04-4	Zip Code	Form(Cash,Check,etc)		
City	State	43209	Check		
Columbus		<u> </u>	Registration Number, if PAC		
Full Name of Contributor					
Mary Younger	Employer/Occupation/Labor Organization*		M D Y Amount		
Street Address	Employer/Occupation/Labor Organization		1 0 2 8 0 9	50.00	
215 E. Whittier St.	State	Zip Code	Form(Cash,Check,etc)		
City	1 1 7 7	43206	Check		
Columbus		1 70200	Registration Number, if PAC		
Full Name of Contributor					
William S. Lazarow	Employer/Occup	oation/Labor Organization*	M D Y Amount		
Street Address	Inployer/Occup	O.	1 0 2 8 0 9	50.00	
945 Vernon Rd.	State	Zip Code	Form(Cash,Check,etc)		
Callagae	OH	43209	Check		
Columbus Full Name of Contributor	10 11	10207	Registration Number, if PAC		
Barb J. Pfeiffer Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
	Limptoyon Occupations 2 access 5 - Same and		1 0 2 8 0 9	150.00	
493 Richards Rd.	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43214	Check		
Columbus					

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 \$ 800 00
		Page Total \$ 800.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contrib 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)]