

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 Michael A. Tarpoff				Registration Number, if PAC	
Street Address 211 Meadow Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Springfield	State O	Zip Code 45505	8	2	0
			Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Patricia M. Jones				Registration Number, if PAC	
Street Address 74 W. Como Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43202	8	2	0
			Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Dean Adamantidis				Registration Number, if PAC	
Street Address 1496 Perry St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43201	8	2	0
			Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Dr. Manuel Tzagournis				Registration Number, if PAC	
Street Address 4335 Sawmill Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43220	8	2	0
			Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor George T. Ho, M.D.				Registration Number, if PAC	
Street Address 154 Misty Oak Place	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Gahanna	State O	Zip Code 43230	8	2	0
			Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Ruth K. Schooley				Registration Number, if PAC	
Street Address 2235 Picket Post Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43220	8	2	0
			Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor George J. Sicaras				Registration Number, if PAC	
Street Address 2988 N. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State O	Zip Code 43202	8	2	0
			Amount 100.00	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 \$ 700.00