Event Date	8/28/09
Page	6

Statement of Contributions Received at a Social or Fundraising Event

	Prescribe	d by Secr	retary of State 3/05		
Name of Committee in Full					
Hummer for Judge Committee				1	
Full Name of Contributor				Registration Number, if PAC	
Donald W. Chakeres Street Address	Employe	r/Occupat	tion/Labor Organization*	M D Y Amount	
Street Address 2274 Club Rd.	Employer/Occupation/Labor Organization*			0 8 2 8 0 9	100.00
City	St	ate	Zip Code	Form(Cash,Check,etc)	100100
Columbus	0	Н	43221	Check	
Full Name of Contributor				Registration Number, if PAC	
Vallery U. Tzagournis					
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
7964 Tartan Fields Drive				0 8 2 8 0 9	100.00
City	St		Zip Code	Form(Cash,Check,etc)	
Dublin			43017	Check Registration Number, if PAC	
Full Name of Contributor				Registration Number, if PAC	
Michael B. Cannone	Employe	r/Oooyno	tion/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*			0 8 2 8 0 9	100.00
3001 S. Dorchester Rd.	State Zip Code			Form(Cash,Check,etc)	100.00
Columbus		H	43221	Check	
Full Name of Contributor				Registration Number, if PAC	
Glenna S. Tzagournis					
Street Address	Employe	er/Occupa	ntion/Labor Organization*	M D Y Amount	
4721 Old Ravine Court				0 8 2 8 0 9	100.00
City	S	tate	Zip Code	Form(Cash,Check,etc)	
Columbus		H	43220	Check	
Full Name of Contributor				Registration Number, if PAC	
Richard A. Cordray	TE 1	<u></u>		M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*			0 8 2 8 0 9	100.00
4900 Grove City Rd.	State Zip Code		Zip Code	Form(Cash,Check,etc)	100.00
City Grove City		H	43123	Check	
Full Name of Contributor		TI	101.40	Registration Number, if PAC	
James Duros dba prevision Valuation					
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
P. O. Box 497				0 8 2 8 0 9	100.00
City	S	tate	Zip Code	Form(Cash,Check,etc)	
Hilliard		H	43026	Check	
Full Name of Contributor				Registration Number, if PAC	
Steven R. Young					
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	100.00
1607 Cardiff	State Zip Code			0 8 2 8 0 9 Form(Cash,Check,etc)	100.00
City I I are an Aulin atom	1 - 1 1 40001		43221	Check	
Upper Arlington		11	1 33441	J Check Ball 2	
Required for contributions from individuals over \$100 to statewide and gene	eral assem	ibly candi	dates. If contributor is self-emp	ployed, the occupation and the name of the	

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$
		L

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is seif-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)]