

Event Date 7/14/09

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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 Patrick M. Cook				Registration Number, if PAC	
Street Address 2019 N. Edgemont Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43212	4	0	9
			Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Rena D. Paat				Registration Number, if PAC	
Street Address 6777 Woods End Ct.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Galloway	State O	Zip Code 43119	4	0	9
			Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Joseph D. Karam				Registration Number, if PAC	
Street Address 4040 Reed Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43220	4	0	9
			Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor John J. Chester				Registration Number, if PAC	
Street Address 65 E. State St., Suite 1000	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43215	4	0	9
			Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Nafe J. Alick				Registration Number, if PAC	
Street Address 8000 Tiger Lily Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Naples	State F	Zip Code 34113	4	0	9
			Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Jeannine S. Alick				Registration Number, if PAC	
Street Address 8000 Tiger Lily Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Naples	State F	Zip Code 34113	4	0	9
			Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Frost Brown Todd, LLC, c/o Jack Butler				Registration Number, if PAC OH783	
Street Address 2500 PNC Center, 201 E. 5th St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Cincinnati	State O	Zip Code 45202	4	0	9
			Form(Cash,Check,etc) Check		Amount 75.00

* 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)]

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 \$ 1,650.00