

Event Date	8/28/09
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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 Chris Bouzounis				Registration Number, if PAC	
Street Address 10590 Brinsworth Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 0 9	Amount 75.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) Check	
Full Name of Contributor Jack Tzagournis				Registration Number, if PAC	
Street Address 2475 Lane Woods Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert R. Dunn				Registration Number, if PAC	
Street Address 1764 Edgemont Rd.		Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor Barbara Sokol				Registration Number, if PAC	
Street Address 2346 Fishinger Rd.		Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor James Colombo				Registration Number, if PAC	
Street Address 3133 Adena Point Court		Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Joel H. Mirman				Registration Number, if PAC	
Street Address 878 Colony Way		Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Oyango A. Snell				Registration Number, if PAC	
Street Address 15 East Gay St., Suite 4A		Employer/Occupation/Labor Organization*		M D Y 0 8 2 8 0 9	Amount 75.00
City Columbus	State O H	Zip Code 43215		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 \$ 525.00