Event Date	6/25/09
Page	8

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed	by Seci	etary of State 3/05		
Name of Committee in Full					
Hummer for Judge Committee					
Full Name of Contributor				Registration Number, if PAC	
Erik F. Yassenoff					
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
2260 Swansea Road				0 6 2 5 0 9	100.00
City	State		Zip Code	Form(Cash,Check,etc)	
Upper Arlington		\mathbf{H}_{-}	43221	Check	
Full Name of Contributor				Registration Number, if PAC	
Jeanne C. Altiero					
Street Address	Employer/0	Эссира	tion/Labor Organization*	M D Y Amount	400.00
2520 Winbledon Road				0 6 2 5 0 9	100.00
City	State		Zip Code	Form(Cash,Check,etc)	
Columbus		<u>H</u>	43220	Check	
Full Name of Contributor				Registration Number, if PAC	
Mike Whitman					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	M D Y Amount	100.00
2416 Abington Road			T	0 6 2 5 0 9	100.00
City	State		Zip Code	Form(Cash,Check,etc)	
Columbus	-10	H	43221	Check	
Full Name of Contributor				Registration Number, if PAC	
Dante Colosimo	15 1 /		·	M I D I V Amount	
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	100.00
2424 Wenbury Road	Stat		7:- 0-1-	0 6 2 5 0 9 Form(Cash, Check, etc)	100.00
City	State		Zip Code		
Columbus		Н	43220	Check Registration Number, if PAC	
Full Name of Contributor				Registration Number, it FAC	
Jake Will	F	0	tion /Labor Opposition*	M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		mon/Labor Organization		100.00
2614 Eddington Rd.	State Zip Code		Zip Code	0 6 2 5 0 9 Form(Cash,Check,etc)	100.00
City	Stat	e H	43221	Check	
Columbus Full Name of Contributor		11	40221	Registration Number, if PAC	
Claire D. Hamilton				Registration Number, if I AC	
Street Address	Employer/	Occups	ntion/Labor Organization*	M D Y Amount	- Indicated
******	Employer/Occupation/Labor Organization			0 6 2 5 0 9	100.00
1919 Cambridge Blvd.	Stat	Α	Zip Code	Form(Cash,Check,etc)	100.00
Upper Arlington		Н	43212	Check	
Full Name of Contributor	() 11 40212			Registration Number, if PAC	
Yvonne Simon Perotti					
Street Address	Employer/Occupation/Labor Organization*		ation/Labor Organization*	M D Y Amount	
5849 Kingham Park	Employer occupation Euror organization			0 6 2 5 0 9	100.00
City	Stat	e	Zip Code	Form(Cash,Check,etc)	100.00
Dublin		H	43017	Check	
		тт	1 2001/		

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 \$

^{*} 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)]