

Event Date	<u>6/25/09</u>
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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 Erik F. Yassenoff				Registration Number, if PAC	
Street Address 2260 Swansea Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Upper Arlington	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeanne C. Altiero				Registration Number, if PAC	
Street Address 2520 Winbledon Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Mike Whitman				Registration Number, if PAC	
Street Address 2416 Abington Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Dante Colosimo				Registration Number, if PAC	
Street Address 2424 Wenbury Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jake Will				Registration Number, if PAC	
Street Address 2614 Eddington Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Columbus	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Claire D. Hamilton				Registration Number, if PAC	
Street Address 1919 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Upper Arlington	State O	Zip Code 43212	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Yvonne Simon Perotti				Registration Number, if PAC	
Street Address 5849 Kingham Park	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2
City Dublin	State O	Zip Code 43017	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