

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 Tara J. Purdum				Registration Number, if PAC	
Street Address 2383 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 09
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Carrie Ciotola				Registration Number, if PAC	
Street Address 4225 Greensview Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 09
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Clifton R. Hood				Registration Number, if PAC	
Street Address 115 Middle St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 09
City Galena	State O	Zip Code 43021	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor William Tzagournis				Registration Number, if PAC	
Street Address 2050 Coventry Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 09
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ann M. Dominek				Registration Number, if PAC	
Street Address 2268 Northwest Blvd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 09
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Alice T. Epitropoulos, M.D.				Registration Number, if PAC	
Street Address 5005 Squirrel Bend	Employer/Occupation/Labor Organization*		M 0	D 8	Y 09
City Upper Arlington	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James G. Sicaras				Registration Number, if PAC	
Street Address 1955 Upper Chelsea Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 09
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 700.00