

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 TRG Professional Services LLC			Registration Number, if PAC				
Street Address 1988 Ramblewood Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		43235		0	8	2	75.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43235	Check			
Full Name of Contributor Ira B. Sully			Registration Number, if PAC				
Street Address 844 South Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		43206		0	8	2	75.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43206	Check			
Full Name of Contributor Michael L. Silberstein			Registration Number, if PAC				
Street Address 1093 Fountain Lane, Apt. D		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		43213		0	8	2	75.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43213	Check			
Full Name of Contributor Mary Tambakis Stelios			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* 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
5,330.00

Total expenditures this event

Page Total \$ 325.00