

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

07 OCT 25 PM 3:21

Full Name of Committee MAS FOR JUDGE COMMITTEE		Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS	
Full Name of Candidate JOSEPH L. MAS			
Street Address 439 COLONIAL AVE.		Office Sought MUNICIPAL CT. JUDGE	District FRANKLIN Co.
City WORTHINGTON		State OH	Zip Code 43085
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
			<input type="checkbox"/> Post-General
			<input type="checkbox"/> Termination
			<input type="checkbox"/> Annual Year
			<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election	11 06 07

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	13,131 75
2. Total monetary contributions (From Form No. 31-A)	\$	11,060 00
3. Total other income (From Form No. 31-A-2)	\$	- 0 -
4. Total funds available (sum of lines 1, 2, 3)	\$	24,191 75
5. Total monetary expenditures (From Form No. 31-B)	\$	2378 11
6. Balance on hand (line 4 minus line 5)	\$	21,813 64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1630 00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	- 0 -
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	13,000 00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	- 0 -
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	- 0 -
12. Value of independent expenditures made (From Form No. 31-U)	\$	- 0 -
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	-

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

LINDA MERCADANTE-TREAS. *Linda Mercadante* **10/25/07**
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages **27**

Expenditure pages **2**

Other pages **4**

Total pages **33**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS FOR JUDGE COMMITTEE									
Full Name of Contributor LUZ BELL						Registration Number, if PAC			
Street Address 987 ROOSEVELT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209		M 06	D 19	Y 07	Amount 50.00		
Full Name of Contributor ROSEMARIE ROSSETTI						Registration Number, if PAC			
Street Address 1008 EASTCHESTER DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43230		M 06	D 19	Y 07	Amount 50.00		
Full Name of Contributor NANCY WONNELL						Registration Number, if PAC			
Street Address 330 S. HIGH ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43215		M 06	D 19	Y 07	Amount 375.00		
Full Name of Contributor MITCH SHIERIN						Registration Number, if PAC			
Street Address 1180 W. BROAD ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43222		M 06	D 19	Y 07	Amount 100.00		
Full Name of Contributor LARRIE ZIMMERMAN						Registration Number, if PAC			
Street Address 393 MINNANG RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43202		M 07	D 06	Y 07	Amount 75.00		
Full Name of Contributor AVAN BRUCE SMITH						Registration Number, if PAC			
Street Address 99 INDIAN SPRINGS DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43214		M 07	D 07	Y 07	Amount 75.00		
Full Name of Contributor SUGAN WARREN SMITH						Registration Number, if PAC			
Street Address 99 INDIAN SPRINGS DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43214		M 07	D 14	Y 07	Amount 75.00		
Full Name of Contributor LINDA STOR - SCAGGS						Registration Number, if PAC			
Street Address 98 WEXFORD DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GRANVILLE	State OH	Zip Code 43055		M 07	D 20	Y 07	Amount 75.00		

* 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS FOR JUDGE COMMITTEE							
Full Name of Contributor JAY PEREZ						Registration Number, if PAC	
Street Address 1655 GABLES CT.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43235	M 07	D 20	Y 07	Amount 250.00
Full Name of Contributor FLORENCE H. KARPOWITZ						Registration Number, if PAC	
Street Address 984 KARL ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City COLUMBUS		State OH	Zip Code 43227	M 07	D 25	Y 07	Amount 35.00
Full Name of Contributor E. DARREN McNEAL						Registration Number, if PAC	
Street Address 330 S. HIGH ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City COLUMBUS		State OH	Zip Code 43215	M 08	D 01	Y 07	Amount 75.00
Full Name of Contributor Joan Marie Smith						Registration Number, if PAC	
Street Address 1341 B E TOWNE Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Delaware		State OH	Zip Code 43015	M 05	D 31	Y 07	Amount 25.00
Full Name of Contributor Stacy Armeugan						Registration Number, if PAC	
Street Address 7526 Heather wood Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 07	D 25	Y 07	Amount 100.00
Full Name of Contributor Tracy Allen Yankin						Registration Number, if PAC	
Street Address 495 S. High St 250			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Colo		State OH	Zip Code	M 07	D 25	Y 07	Amount 50.00
Full Name of Contributor Bill casto						Registration Number, if PAC	
Street Address 78 w. Hubbard			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Colo		State OH	Zip Code 43215	M 08	D 20	Y 07	Amount 50.00
Full Name of Contributor Bill Hedrick						Registration Number, if PAC	
Street Address 838 Thurber Dr. W. # 22			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Colo		State OH	Zip Code 43215	M 08	D 20	Y 07	Amount 100.00

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Statement of Contributions Received

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Name of Committee in Full MAS FOR JUDGE									
Full Name of Contributor Richard Gandavilla						Registration Number, if PAC			
Street Address 840 Nob Hill Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State OH		Zip Code 43230		M D Y 08 20 07		Amount 50 ⁰⁰ / _{xx}	
Full Name of Contributor Bill Hedrick						Registration Number, if PAC			
Street Address 838 Thurbur Dr. W #22			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cols		State OH		Zip Code 43215		M D Y 08 25 07		Amount 25 ⁰⁰ / _{xx}	
Full Name of Contributor Margaret Meckling						Registration Number, if PAC			
Street Address 196 M Chase Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Cols		State OH		Zip Code 43204		M D Y 08 25 07		Amount 25 ⁰⁰ / _{xx}	
Full Name of Contributor David Robinson						Registration Number, if PAC			
Street Address P.O. Box 8246			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Cds		State OH		Zip Code 43201		M D Y 08 25 07		Amount 50 ⁰⁰ / _{xx}	
Full Name of Contributor Greg Hoke						Registration Number, if PAC			
Street Address 172 Mayfair Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Cols		State OH		Zip Code 43213		M D Y 08 30 07		Amount 70 ⁰⁰ / _{xx}	
Full Name of Contributor Mary Finke						Registration Number, if PAC			
Street Address 4499 Loos Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Cols		State OH		Zip Code 43214		M D Y 08 31 07		Amount 25 ⁰⁰ / _{xx}	
Full Name of Contributor Barbara Poppe						Registration Number, if PAC			
Street Address 340 Clinton Heights Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cols		State OH		Zip Code 43202		M D Y 08 31 07		Amount 50 ⁰⁰ / _{xx}	
Full Name of Contributor Charna Sherman						Registration Number, if PAC			
Street Address 3257 Belvoir Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cols Beachwood		State OH		Zip Code 41122		M D Y 08 30 07		Amount 50 ⁰⁰ / _{xx}	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MAG for JUDGE							
Full Name of Contributor Jeptha Hostetler					Registration Number, if PAC		
Street Address 193 E. Frambes		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cols	State OH	Zip Code 43201	M 09	D 01	Y 07	Amount 100⁰⁰/_{xx}	
Full Name of Contributor Michael H. Siewert					Registration Number, if PAC		
Street Address 307 E. Livingston Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cols	State OH	Zip Code 43215	M 09	D 15	Y 07	Amount 75⁰⁰/_{xx}	
Full Name of Contributor Lloyd D. Cohen					Registration Number, if PAC		
Street Address 824 S. High		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cols	State OH	Zip Code 43206	M 09	D 14	Y 07	Amount 100⁰⁰/_{xx}	
Full Name of Contributor Jon D. welty					Registration Number, if PAC		
Street Address 197 IRVING way w.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cols	State OH	Zip Code 43214	M 09	D 12	Y 07	Amount 50⁰⁰/_{xx}	
Full Name of Contributor Lesley Car Michael					Registration Number, if PAC		
Street Address 349 E. Royal Forest Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cols	State OH	Zip Code	M 09	D 23	Y 07	Amount 25⁰⁰/_{xx}	
Full Name of Contributor Abramo Otto Leughi					Registration Number, if PAC		
Street Address 570 Hartford St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43085	M 09	D 29	Y 07	Amount 25⁰⁰/_{xx}	
Full Name of Contributor Melissa Lyn Wilburn					Registration Number, if PAC		
Street Address 2511 Hyacinth Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cols	State OH	Zip Code 43235	M 10	D 03	Y 07	Amount 35⁰⁰/_{xx}	
Full Name of Contributor John P Bessey					Registration Number, if PAC		
Street Address 6670 Kensington way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43085	M 10	D 03	Y 07	Amount 200⁰⁰/_{xx}	

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Statement of Contributions Received

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Name of Committee in Full							
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City							Amount
State		Zip Code		M	D	Y	
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City							Amount
State		Zip Code		M	D	Y	
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City							Amount
State		Zip Code		M	D	Y	
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City							Amount
State		Zip Code		M	D	Y	
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City							Amount
State		Zip Code		M	D	Y	
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City							Amount
State		Zip Code		M	D	Y	
Full Name of Contributor							Registration Number, if PAC
Street Address							Form (Cash, Check, etc.)
City							Amount
State		Zip Code		M	D	Y	

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Page Total 160.00
~~50.00~~

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 6/14/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					06	14	07	1410.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 7/14/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					07	14	07	1955.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 8/9/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					08	09	07	335.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 8/30/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					08	30	07	1155.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E 9/27/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					09	27	07	985.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31E 10/12/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					10	12	07	720.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31E 10/16/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					10	16	07	1060.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31E 10/19/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
								765.00	

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\$8385.00
 Page Total ~~90.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
MAS For Judge					
Full Name of Contributor Steven Larson				Registration Number, if PAC	
Street Address 209 S. High St	Employer/Occupation/Labor Organization*		M D Y 06 14 07	Amount \$ 100.00	
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) chk		
Full Name of Contributor JO E. Kaiser				Registration Number, if PAC	
Street Address 2103 Scenic Dr	Employer/Occupation/Labor Organization*		M D Y 06 14 07	Amount 50.00	
City Lancaster	State OH	Zip Code 43130	Form (Cash, Check, etc.) check		
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Pl.	Employer/Occupation/Labor Organization*		M D Y 06 14 07	Amount 50.00	
City Cols	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		
Full Name of Contributor Wilfred A. Verhoff				Registration Number, if PAC	
Street Address 3081 Columbus Pk	Employer/Occupation/Labor Organization*		M D Y 06 14 07	Amount 25.00	
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) check		
Full Name of Contributor Ernesto Merida				Registration Number, if PAC	
Street Address 255 S. Downell Ave APT 4	Employer/Occupation/Labor Organization*		M D Y 06 14 07	Amount 60.00	
City Cols	State OH	Zip Code 43204	Form (Cash, Check, etc.) check		
Full Name of Contributor Julia Arbin Carbonell				Registration Number, if PAC	
Street Address 5398 Country Meadow Cr	Employer/Occupation/Labor Organization*		M D Y 06 14 07	Amount 100.00	
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check		
Full Name of Contributor Leanna H. Gipson				Registration Number, if PAC	
Street Address 960 Hunter Ave	Employer/Occupation/Labor Organization*		M D Y 06 14 07	Amount 50.00	
City Cols	State OH	Zip Code 43201	Form (Cash, Check, etc.) check		

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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

1440.00

Total expenditures this event.

--

435.00 \$0.00
Page Total \$

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS for Judge</u>				Registration Number, if PAC	
Full Name of Contributor <u>Charles C. Cook</u>				Registration Number, if PAC	
Street Address <u>5165 Monna Cr</u>	Employer/Occupation/Labor Organization*		M D Y <u>06 14 07</u>	Amount <u>50⁰⁰ / xx</u>	
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Lewis E. Williams Jr</u>				Registration Number, if PAC	
Street Address <u>929 Franklin Ave</u>	Employer/Occupation/Labor Organization*		M D Y <u>06 14 07</u>	Amount <u>100⁰⁰ / xx</u>	
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43205</u>	Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Charles Clovis</u>				Registration Number, if PAC	
Street Address <u>330 S. High St.</u>	Employer/Occupation/Labor Organization*		M D Y <u>06 14 07</u>	Amount <u>250⁰⁰ / xx</u>	
City <u>Cols</u>	State <u>OH</u>	Zip Code	Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Lori M. Tyack</u>				Registration Number, if PAC	
Street Address <u>947 Clubview Blvd N.</u>	Employer/Occupation/Labor Organization*		M D Y <u>06 14 07</u>	Amount <u>50⁰⁰ / xx</u>	
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43235</u>	Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Richaune M. Zymkosi</u>				Registration Number, if PAC	
Street Address <u>2128 Poplar St</u>	Employer/Occupation/Labor Organization*		M D Y <u>06 14 07</u>	Amount <u>50⁰⁰ / xx</u>	
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43207</u>	Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Braun Romero</u>				Registration Number, if PAC	
Street Address <u>1026 W. 2nd Ave</u>	Employer/Occupation/Labor Organization*		M D Y <u>06 14 07</u>	Amount <u>50⁰⁰ / xx</u>	
City <u>Cols</u>	State <u>OH</u>	Zip Code	Form (Cash, Check, etc.) <u>CASH</u>		
Full Name of Contributor <u>G. Gary Tyack</u>				Registration Number, if PAC	
Street Address <u>947 Clubview Blvd. N.</u>	Employer/Occupation/Labor Organization*		M D Y <u>06 14 07</u>	Amount <u>50⁰⁰ / xx</u>	
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43235</u>	Form (Cash, Check, etc.) <u>Check</u>		

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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.

1440.00

600.00
Page Total \$ ~~60.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS for Judge			
Full Name of Contributor Ted Barrows		Registration Number, if PAC	
Street Address 483A Sarasota Dr	Employer/Occupation/Labor Organization*		M D Y Amount 06 14 07 250⁰⁰_{xx}
City Hilliard	State OH	Zip Code 43206	Form (Cash, Check, etc.) check
Full Name of Contributor Jeffrey D. Mackey		Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*		M D Y Amount 06 14 07 50⁰⁰_{xx}
City Cols	State OH	Zip Code 43224	Form (Cash, Check, etc.) check
Full Name of Contributor Russell Goodwin		Registration Number, if PAC	
Street Address 103 E. First Ave	Employer/Occupation/Labor Organization*		M D Y Amount 06 14 07 50⁰⁰_{xx}
City Cols	State OH	Zip Code 43201	Form (Cash, Check, etc.) check
Full Name of Contributor Carlos Briceno		Registration Number, if PAC	
Street Address 153 Sarin St	Employer/Occupation/Labor Organization*		M D Y Amount 06 14 07 25⁰⁰_{xx}
City Cols	State OH	Zip Code 43240	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 OH	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 OH	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 OH	Zip Code	Form (Cash, Check, etc.)

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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
1440 00

Total expenditures this event.

375.00
Page Total \$ 00.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS For Judge				
Full Name of Contributor CAUDACE L. wat kins			Registration Number, if PAC	
Street Address 929 Franklin Ave	Employer/Occupation/Labor Organization*		M D Y 07 14 07	Amount 150⁰⁰xx
City Cols	State OH	Zip Code 43205	Form (Cash, Check, etc.) CASH	
Full Name of Contributor Anne Hoke			Registration Number, if PAC	
Street Address 172 Mayfair Blvd	Employer/Occupation/Labor Organization*		M D Y 07 14 07	Amount 75⁰⁰xx
City Cols	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Gary Gopfert			Registration Number, if PAC	
Street Address 627 Pincay	Employer/Occupation/Labor Organization*		M D Y 07 14 07	Amount 80⁰⁰xx
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) CASH	
Full Name of Contributor Lori Tyack			Registration Number, if PAC	
Street Address 947 Clubview Blvd W	Employer/Occupation/Labor Organization*		M D Y 07 14 07	Amount 75⁰⁰xx
City Cols	State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Jo Kaiser			Registration Number, if PAC	
Street Address 2103 Scenic Dr.	Employer/Occupation/Labor Organization*		M D Y 07 14 07	Amount 75⁰⁰xx
City Lancaster	State OH	Zip Code 43130	Form (Cash, Check, etc.) check	
Full Name of Contributor Virginia Lohmann Bauman			Registration Number, if PAC	
Street Address 19 Brecon Cr.	Employer/Occupation/Labor Organization*		M D Y 07 14 07	Amount 100⁰⁰xx
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) check	
Full Name of Contributor Tom Waldy K			Registration Number, if PAC	
Street Address 1027 Peppy's Cove	Employer/Occupation/Labor Organization*		M D Y 07 14 07	Amount 75⁰⁰xx
City Reynoldsburg	State OH	Zip Code 43068	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 also 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
1955 00

Total expenditures this event.
-

630.00
Page Total \$ **00.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC	
MNS for Judge		John Connor II			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
436 W. 5th Ave		0	7	14	75 ⁰⁰ / ₁₀₀
City	State	Zip Code	Form (Cash, Check, etc.)		
Cols	OH	43201	check		
Harry Reinhart					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
400 S. Fifth St., Ste 202		0	7	14	100 ⁰⁰ / ₁₀₀
City	State	Zip Code	Form (Cash, Check, etc.)		
Cols	OH		check		
Laura E. Wisebaker Repasky					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1355 Haybrook Dr.		0	7	14	50 ⁰⁰ / ₁₀₀
City	State	Zip Code	Form (Cash, Check, etc.)		
Gahanna	OH	43230	check		
Eric Brown					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
34 W. Poplar		0	7	14	100 ⁰⁰ / ₁₀₀
City	State	Zip Code	Form (Cash, Check, etc.)		
Cols	OH	43215	check		
Beverly Schmidt					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3015 Shadywood Rd		0	7	14	100 ⁰⁰ / ₁₀₀
City	State	Zip Code	Form (Cash, Check, etc.)		
Cols	OH	43221	check		
Gary Baker					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2142 Staghorn way		0	7	14	75 ⁰⁰ / ₁₀₀
City	State	Zip Code	Form (Cash, Check, etc.)		
Grove City	OH	43123	check		
Roger Koeck					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6257 Emberwood Rd		0	7	14	75 ⁰⁰ / ₁₀₀
City	State	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43017	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 also 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

1955.00

Total expenditures this event.

--

575.00
Page Total \$ 0.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS for Judge</u>				Registration Number, if PAC			
Full Name of Contributor <u>Fritz Thenor</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>794 English Oak St</u>				<u>0</u>	<u>7</u>	<u>14</u>	<u>07</u> <u>100.00</u> <u>xx</u>
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>check</u>			
Full Name of Contributor <u>Kathryn Koch</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>59 W. Livingston Ave</u>				<u>0</u>	<u>7</u>	<u>14</u>	<u>07</u> <u>150.00</u> <u>xx</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>check</u>			
Full Name of Contributor <u>Jim Hall</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>1308 W. Mound St.</u>				<u>0</u>	<u>7</u>	<u>14</u>	<u>07</u> <u>500.00</u> <u>xx</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43204</u>	Form (Cash, Check, etc.) <u>CASH</u>			
Full Name of Contributor <u>FBI</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State <u>OH</u>	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State <u>OH</u>	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State <u>OH</u>	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State <u>OH</u>	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 also 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
1955 00

Total expenditures this event.

Page Total \$ 750.00
\$0.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
MAS for Judge							
Full Name of Contributor Isabel Bonilla				Registration Number, if PAC			
Street Address 8795 Juneberry Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Lewis Center		State OH	Zip Code 43035	0	8	09	15 ⁰⁰ / _{xx}
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Aireen Aguilar				Registration Number, if PAC			
Street Address 6204 Olentangy River Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington		State OH	Zip Code 43085	0	8	09	35 ⁰⁰ / _{xx}
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Ana Lucia Ramirez				Registration Number, if PAC			
Street Address 7873 Red Hill Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington		State OH	Zip Code 43085	0	8	09	20 ⁰⁰ / _{xx}
				Form (Cash, Check, etc.) Cash			
Full Name of Contributor Jose Vargas				Registration Number, if PAC			
Street Address 6223 Westwick Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Lewis Center		State OH	Zip Code 43035	0	8	09	25 ⁰⁰ / _{xx}
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Marie Hadden				Registration Number, if PAC			
Street Address 4722 Briardale Ct Avc		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State OH	Zip Code 43016	0	8	09	40 ⁰⁰ / _{xx}
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Patricia Ruiz				Registration Number, if PAC			
Street Address 1687 Hickory Creek Ln.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code 43229	0	8	09	25 ⁰⁰ / _{xx}
				Form (Cash, Check, etc.) Cash			
Full Name of Contributor Crystal Merida				Registration Number, if PAC			
Street Address 255 S. Powell Ave Apt A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code 43204	0	8	09	50 ⁰⁰ / _{xx}
				Form (Cash, Check, etc.) Check			

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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
335 00

Total expenditures this event.

210.00
Page Total \$ ~~00.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS for Judge</u>				Registration Number, if PAC							
Full Name of Contributor <u>Soledad Rojar-Kooi</u>				M		D		Y		Amount	
Street Address <u>756 English oak ct</u>				Employer/Occupation/Labor Organization*							
City <u>Westerville</u>				State <u>OH</u>		Zip Code <u>43081</u>		Form (Cash, Check, etc.) <u>Check</u>		Amount <u>40⁰⁰ XV</u>	
Full Name of Contributor <u>Judith Moseley</u>				M		D		Y		Amount	
Street Address <u>938 Mt. Pleasant Ave</u>				Employer/Occupation/Labor Organization*							
City <u>Colis</u>				State <u>OH</u>		Zip Code <u>43201</u>		Form (Cash, Check, etc.) <u>Check</u>		Amount <u>50⁰⁰ XV</u>	
Full Name of Contributor <u>Elena Santos</u>				M		D		Y		Amount	
Street Address <u>70 Forest Ridge Dr</u>				Employer/Occupation/Labor Organization*							
City <u>Colis</u>				State <u>OH</u>		Zip Code <u>43235</u>		Form (Cash, Check, etc.) <u>Cash</u>		Amount <u>35⁰⁰ XV</u>	
Full Name of Contributor <u>Agrom Shwartz</u>				M		D		Y		Amount	
Street Address				Employer/Occupation/Labor Organization*							
City				State <u>OH</u>		Zip Code		Form (Cash, Check, etc.)		Amount	
Full Name of Contributor				M		D		Y		Amount	
Street Address				Employer/Occupation/Labor Organization*							
City				State <u>OH</u>		Zip Code		Form (Cash, Check, etc.)		Amount	
Full Name of Contributor				M		D		Y		Amount	
Street Address				Employer/Occupation/Labor Organization*							
City				State <u>OH</u>		Zip Code		Form (Cash, Check, etc.)		Amount	
Full Name of Contributor				M		D		Y		Amount	
Street Address				Employer/Occupation/Labor Organization*							
City				State <u>OH</u>		Zip Code		Form (Cash, Check, etc.)		Amount	

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Total contributions this event

335.00

Total expenditures this event.

125.00
 Page Total \$ ~~00.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
MAS FOR JUDGE					
Full Name of Contributor Myron Schwartz				Registration Number, if PAC	
Street Address 495 S. Higa St	Employer/Occupation/Labor Organization*		M D Y 08 30 07	Amount 50 ⁰⁰ / _{xy}	
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Linda Leah Reibel				Registration Number, if PAC	
Street Address 39 Orchard Dr	Employer/Occupation/Labor Organization*		M D Y 08 30 07	Amount 50 ⁰⁰ / _{xy}	
City WORTHINGTON	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		
Full Name of Contributor Charles C. Cook				Registration Number, if PAC	
Street Address 5165 Mouna Court	Employer/Occupation/Labor Organization*		M D Y 08 30 07	Amount 100 ⁰⁰ / _{xy}	
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check		
Full Name of Contributor Robert M. Clyde				Registration Number, if PAC	
Street Address 241 Collins Ave	Employer/Occupation/Labor Organization*		M D Y 08 30 07	Amount 200 ⁰⁰ / _{xy}	
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Sara Stratton				Registration Number, if PAC	
Street Address 261 19 th St N.W.	Employer/Occupation/Labor Organization*		M D Y 08 30 07	Amount 50 ⁰⁰ / _{xy}	
City Canton	State OH	Zip Code 44709	Form (Cash, Check, etc.) Check		
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Pl.	Employer/Occupation/Labor Organization*		M D Y 08 30 07	Amount 50 ⁰⁰ / _{xy}	
City Cols	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check		
Full Name of Contributor Stephen L. McIntosh				Registration Number, if PAC	
Street Address 799 Nds Hill Dr. W.	Employer/Occupation/Labor Organization*		M D Y 08 30 07	Amount 50 ⁰⁰ / _{xy}	
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		

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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
1155 00

Total expenditures this event

550.00
~~50.00~~
Page Total \$

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS For JUDGE				
Full Name of Contributor David Pippin			Registration Number, if PAC	
Street Address 3783 Secretariat Ct		Employer/Occupation/Labor Organization*	M D Y 08 30 07	Amount 50⁰⁰/xx
City Cols	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Edward T. Cain			Registration Number, if PAC	
Street Address 124 Pine Village Dr		Employer/Occupation/Labor Organization*	M D Y 08 30 07	Amount 50⁰⁰/xx
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) check	
Full Name of Contributor Richanne M. Zymkowski			Registration Number, if PAC	
Street Address 2128 Poplar St		Employer/Occupation/Labor Organization*	M D Y 08 30 07	Amount 75⁰⁰/xx
City Cols	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Neil W. Rosenberg			Registration Number, if PAC	
Street Address 400 S. 5th St. St 102		Employer/Occupation/Labor Organization*	M D Y 08 30 07	Amount 50⁰⁰/xx
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Dr. Veigel Lattimore			Registration Number, if PAC	
Street Address 610 OLDF N. Church Dr		Employer/Occupation/Labor Organization*	M D Y 08 30 07	Amount \$140⁰⁰/xx
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Roberta Gerlach			Registration Number, if PAC	
Street Address 1738 ELMWOOD AVE		Employer/Occupation/Labor Organization*	M D Y 08 30 07	Amount 50⁰⁰/xx
City Cols	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Raymond Paul Schrodtt			Registration Number, if PAC	
Street Address 7057 Cloverdale LN		Employer/Occupation/Labor Organization*	M D Y 08 30 07	Amount 40⁰⁰/xx
City Cols	State OH	Zip Code 43235	Form (Cash, Check, etc.) check	

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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

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Total expenditures this event.

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<p>355.00 50.00</p>
Page Total \$

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS for Judge</u>			
Full Name of Contributor <u>Joy Harris</u>		Registration Number, if PAC	
Street Address <u>3446 Mark Twain Dr</u>	Employer/Occupation/Labor Organization*		M D Y Amount <u>08 30 07 25⁰⁰/_{xx}</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>(Affordable FNSur.) Mitch Shiffrin</u>		Registration Number, if PAC	
Street Address <u>1180 W. Broad St</u>	Employer/Occupation/Labor Organization*		M D Y Amount <u>08 30 07 50⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43222</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>John T. Conroy</u>		Registration Number, if PAC	
Street Address <u>3363 Tremont St 104C</u>	Employer/Occupation/Labor Organization*		M D Y Amount <u>08 30 07 50⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>Bob Stacy Armengau</u>		Registration Number, if PAC	
Street Address <u>7526 Heatherwood Ln</u>	Employer/Occupation/Labor Organization*		M D Y Amount <u>08 30 07 75⁰⁰/_{xx}</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor <u>Hector Villiavreal</u>		Registration Number, if PAC	
Street Address <u>74 S 4th St</u>	Employer/Occupation/Labor Organization*		M D Y Amount <u>08 30 07 50⁰⁰/_{xx}</u>
City <u>Cols.</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>check</u>
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State <u>OH</u>	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 <u>OH</u>	Zip Code	Form (Cash, Check, etc.)

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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

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Total expenditures this event.

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250.00
Page Total \$ 30.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAs for Judge</u>							
Full Name of Contributor <u>Linda Leah Reibel</u>				Registration Number, if PAC			
Street Address <u>39 Orchard Dr</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	<u>09</u>	<u>27</u>	<u>07</u>	<u>75.00</u> <u>xx</u>
Form (Cash, Check, etc.) <u>check</u>				Cash			
Full Name of Contributor <u>Eileen Paley</u>				Registration Number, if PAC			
Street Address <u>668 Bellamy Pl</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>cols</u>		State <u>OH</u>	Zip Code <u>43213</u>	<u>09</u>	<u>27</u>	<u>07</u>	<u>50.00</u> <u>xx</u>
Form (Cash, Check, etc.) <u>check</u>				Cash			
Full Name of Contributor <u>MAC & Deborah Crawford</u>				Registration Number, if PAC			
Street Address <u>33 Glencoe Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>cols</u>		State <u>OH</u>	Zip Code <u>43214</u>	<u>09</u>	<u>27</u>	<u>07</u>	<u>125.00</u> <u>xx</u>
Form (Cash, Check, etc.) <u>check</u>				Cash			
Full Name of Contributor <u>Mark Serrott</u>				Registration Number, if PAC			
Street Address <u>789 (A) NW Blvd</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>cols</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>09</u>	<u>27</u>	<u>07</u>	<u>15.00</u> <u>xx</u>
Form (Cash, Check, etc.) <u>cash</u>				Cash			
Full Name of Contributor <u>walter Gerhardstein</u>				Registration Number, if PAC			
Street Address <u>7100 N. High St 307</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	<u>09</u>	<u>27</u>	<u>07</u>	<u>75.00</u> <u>xx</u>
Form (Cash, Check, etc.) <u>check</u>				Cash			
Full Name of Contributor <u>Richard Gunther</u>				Registration Number, if PAC			
Street Address <u>40 W. Stafford Av</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>WORTHINGTON</u>		State <u>OH</u>	Zip Code <u>43085</u>	<u>09</u>	<u>27</u>	<u>07</u>	<u>50.00</u> <u>xx</u>
Form (Cash, Check, etc.) <u>check</u>				Cash			
Full Name of Contributor <u>Carole De Paola</u>				Registration Number, if PAC			
Street Address <u>4944 Buckthorn Ln</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>cols</u>		State <u>OH</u>	Zip Code <u>43220</u>	<u>09</u>	<u>27</u>	<u>07</u>	<u>50.00</u> <u>xx</u>
Form (Cash, Check, etc.) <u>check</u>				Cash			

* 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 also 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
985.00

Total expenditures this event.

Page Total \$ 440.00
80.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
MAS For JUDGE							
Full Name of Contributor Steven SMITH				Registration Number, if PAC			
Street Address 1375 Camelot Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code 43227	0	9	27	100 ⁰⁰ / _{xx}
Form (Cash, Check, etc.) Check							
Full Name of Contributor George Gary Tyach				Registration Number, if PAC			
Street Address 427 Pittsfield Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City WORTHINGTON		State OH	Zip Code 43085	0	9	27	50 ⁰⁰ / _{xx}
Form (Cash, Check, etc.) Check							
Full Name of Contributor Deborah Rinho				Registration Number, if PAC			
Street Address 920 Kenmore Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code 43220	0	9	27	75 ⁰⁰ / _{xx}
Form (Cash, Check, etc.) CASH							
Full Name of Contributor Diane Harry				Registration Number, if PAC			
Street Address 86 Crestview Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code	0	9	27	50 ⁰⁰ / _{xx}
Form (Cash, Check, etc.) Check							
Full Name of Contributor Gina Langen				Registration Number, if PAC			
Street Address 3645 Olentangy		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code 43214	0	9	27	100 ⁰⁰ / _{xx}
Form (Cash, Check, etc.) Check							
Full Name of Contributor Dr. John Okuley				Registration Number, if PAC			
Street Address 3645 Olentangy Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code 43214	0	9	27	100 ⁰⁰ / _{xx}
Form (Cash, Check, etc.) Check							
Full Name of Contributor Janeen Sands				Registration Number, if PAC			
Street Address 174 Northmoor Pl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Cols		State OH	Zip Code 43214	0	9	27	35 ⁰⁰ / _{xx}
Form (Cash, Check, etc.) CASH							

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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

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Total expenditures this event.

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510.00
Page Total \$ 00.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS For JUDGE			
Full Name of Contributor S. Missler		Registration Number, if PAC	
Street Address 174 Northmoor Pl	Employer/Occupation/Labor Organization*	M D Y 0 9 27 0 7	Amount 35.00
City Cols	State OH	Zip Code 43214	Form (Cash, Check, etc.) check
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City		State	Zip Code
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City		State	Zip Code
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City		State	Zip Code
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City		State	Zip Code
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City		State	Zip Code
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City		State	Zip Code
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City		State	Zip Code

* 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 also 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

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Total expenditures this event.

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Page Total \$ 35.00 80.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
MAS For JUDGE			
Full Name of Contributor		Registration Number, if PAC	
Tom wal Deck			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1935 w. Schrock Rd		10 12 07	40 ⁰⁰ / _{xx}
City	State	Zip Code	Form (Cash, Check, etc.)
Cols	OH	43081	Cash
Full Name of Contributor		Registration Number, if PAC	
Laura Repasky			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1355 Haybrook Dr.		10 12 07	35 ⁰⁰ / _{xx}
City	State	Zip Code	Form (Cash, Check, etc.)
Cols	OH	43230	check
Full Name of Contributor		Registration Number, if PAC	
Kelly Green			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
328 Lost River Dr.		10 12 07	35 ⁰⁰ / _{xx}
City	State	Zip Code	Form (Cash, Check, etc.)
Blacklick	OH	43004	check
Full Name of Contributor		Registration Number, if PAC	
Ann Henkener			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3711 Olenfangy Rvr Rd		10 12 07	35 ⁰⁰ / _{xx}
City	State	Zip Code	Form (Cash, Check, etc.)
Cols	OH	43214	check
Full Name of Contributor		Registration Number, if PAC	
John J. Kulewicz			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
52 E. Gay St		10 12 07	250 ⁰⁰ / _{xx}
City	State	Zip Code	Form (Cash, Check, etc.)
Cols	OH	43216	check
Full Name of Contributor		Registration Number, if PAC	
Gayle Westbrook			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1033 Marland Dr N		10 12 07	25 ⁰⁰ / _{xx}
City	State	Zip Code	Form (Cash, Check, etc.)
Cols	OH	43224	check
Full Name of Contributor		Registration Number, if PAC	
Randal Reves			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3207 N. High St		10 12 07	35 ⁰⁰ / _{xx}
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	43202	check

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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

720.00

Total expenditures this event.

--

455.00 \$0.00
Page Total \$

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS for Judge</u>				
Full Name of Contributor <u>JO E. Kaiser</u>			Registration Number, if PAC	
Street Address <u>2103 Scenic Dr</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 12 07</u>	Amount <u>75⁰⁰/_{xx}</u>
City <u>Lancaster</u>	State <u>OH</u>	Zip Code <u>43130</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Abe Bahgat</u>			Registration Number, if PAC	
Street Address <u>3784 Chevington Rd.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 12 07</u>	Amount <u>75⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Michael Hunter</u>			Registration Number, if PAC	
Street Address <u>3360 TREMONT RD</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 12 07</u>	Amount <u>35⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>EMILY MAS</u>			Registration Number, if PAC	
Street Address <u>206 Hiawatha Av</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 12 07</u>	Amount <u>80⁰⁰/_{xx}</u>
City <u>Wadsworth</u>	State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State <u>OH</u>	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 <u>OH</u>	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 <u>OH</u>	Zip Code	Form (Cash, Check, etc.)	

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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

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Total expenditures this event.

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<u>265.00</u>
Page Total \$ <u>265.00</u>

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS for JUDGE</u>					
Full Name of Contributor <u>Chris Metzger</u>				Registration Number, if PAC	
Street Address <u>330 S. High A</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>80⁰⁰ / XX</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>Gerard Noel</u>				Registration Number, if PAC	
Street Address <u>118 E. Main St</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>80⁰⁰ / XX</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>Alissa Holtfanger</u>				Registration Number, if PAC	
Street Address <u>501 S. High</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>75⁰⁰ / XX</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>Herbert L. Thorn dal</u>				Registration Number, if PAC	
Street Address <u>7495 Blue Fox Ln</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>25⁰⁰ / XX</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43235</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>DAVID A. Belinty</u>				Registration Number, if PAC	
Street Address <u>326 S. High</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>100⁰⁰ / XX</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>Stewart Bearm</u>				Registration Number, if PAC	
Street Address <u>326 S. High</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>100⁰⁰ / XX</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>Frederick D. Benton Jr</u>				Registration Number, if PAC	
Street Address <u>786 S. Front St St 204</u>		Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>100⁰⁰ / XX</u>
City <u>Cols</u>		State <u>OH</u>	Zip Code	Form (Cash, Check, etc.) <u>CHECK</u>	

* 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 also 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
1060 00

Total expenditures this event.
-

Page Total \$ 560.00
~~00.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS for Judge				Registration Number, if PAC	
Full Name of Contributor Javier Armeagan				M D Y Amount	
Street Address 857 S. High		Employer/Occupation/Labor Organization*		1 0 1 6 0 7 500.00	
City Cols		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				M D Y Amount	
City		State OH	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 also 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

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Total expenditures this event.

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Page Total \$ 500.00 0.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
MAS For JUDGE					
Full Name of Contributor Tracy J. KEMP				Registration Number, if PAC	
Street Address 218 Sanbridge Circle	Employer/Occupation/Labor Organization*		M D Y 10 19 07	Amount 45 ⁰⁰ / _{xx}	
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor Norajill Pasos Sanchez				Registration Number, if PAC	
Street Address 4551 Emerald Lks Blvd	Employer/Occupation/Labor Organization*		M D Y 10 19 07	Amount 25 ⁰⁰ / _{xx}	
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check		
Full Name of Contributor Edward C. Spiker				Registration Number, if PAC	
Street Address 1791 Glenn Ave	Employer/Occupation/Labor Organization*		M D Y 10 19 07	Amount 75 ⁰⁰ / _{xx}	
City Cos	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check		
Full Name of Contributor J. Michael Houlihan				Registration Number, if PAC	
Street Address 6774 Lakeside Cr. W.	Employer/Occupation/Labor Organization*		M D Y 10 19 07	Amount 50 ⁰⁰ / _{xx}	
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check		
Full Name of Contributor Jeanine Michael				Registration Number, if PAC	
Street Address 7719 Richens Dr	Employer/Occupation/Labor Organization*		M D Y 10 19 07	Amount 25 ⁰⁰ / _{xx}	
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check		
Full Name of Contributor Lucretia S. Pollard				Registration Number, if PAC	
Street Address 446 Haymore Ave N	Employer/Occupation/Labor Organization*		M D Y 10 19 07	Amount 45 ⁰⁰ / _{xx}	
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		
Full Name of Contributor William H. Woods				Registration Number, if PAC	
Street Address 1022 Blind Brook Dr	Employer/Occupation/Labor Organization*		M D Y 10 19 07	Amount 45 ⁰⁰ / _{xx}	
City Cos	State OH	Zip Code 43235	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 also 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

765.00

Total expenditures this event.

-

310.00
 Page Total \$ \$0.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
MAS For JUDGE							
Jan E. Davis							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2492 Edgevale rd				1	0	07	50 ⁰⁰ / _{xx}
City		State	Zip Code	Form (Cash, Check, etc.)			
Cols		OH	43221	check			
K. Sue Foley							
4898 Sharon							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4898 Sharon				1	0	07	45 ⁰⁰ / _{xx}
City		State	Zip Code	Form (Cash, Check, etc.)			
Cols		OH	43214	check			
(Citizens for Rautin) Mike Rautin							
2432 Wyn Cantrey Ct							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2432 Wyn Cantrey Ct				1	0	07	100 ⁰⁰ / _{xx}
City		State	Zip Code	Form (Cash, Check, etc.)			
Powell		OH	43065	check			
Carole DePaola							
4944 BuckThorn Ln							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4944 BuckThorn Ln				1	0	07	45 ⁰⁰ / _{xx}
City		State	Zip Code	Form (Cash, Check, etc.)			
Cols		OH	43220	check			
Felix Ortiz							
974 Worthington Woods Blvd							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
974 Worthington Woods Blvd				1	0	07	45 ⁰⁰ / _{xx}
City		State	Zip Code	Form (Cash, Check, etc.)			
WORTHINGTON		OH	43085	check			
Bonnie Michael							
6681 Merewood St							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6681 Merewood St				1	0	07	25 ⁰⁰ / _{xx}
City		State	Zip Code	Form (Cash, Check, etc.)			
WORTHINGTON		OH	43085	check			
Bernard Yavitch							
592 S 3rd St							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
592 S 3rd St				1	0	07	50 ⁰⁰ / _{xx}
City		State	Zip Code	Form (Cash, Check, etc.)			
Cols		OH	43220	check			

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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.

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360.00
Page Total \$ 00.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS for JUDGE				Registration Number, if PAC	
Full Name of Contributor Paul Knapke				Registration Number, if PAC	
Street Address 3953 Shattuck Ave		Employer/Occupation/Labor Organization*		M D Y 1 0 9 0 7	Amount 50⁰⁰xx
City Cols		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charlotte O'Neil				Registration Number, if PAC	
Street Address 164 E. Como Ave.		Employer/Occupation/Labor Organization*		M D Y 1 0 9 0 7	Amount 45⁰⁰xx
City Cols		State OH	Zip Code 43202	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	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 OH	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 OH	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 OH	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 OH	Zip Code	Form (Cash, Check, etc.)	

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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

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Total expenditures this event.

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Page Total \$ 95.00 80.00
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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full					
MAS FOR JUDGE COMMITTEE					
To Whom Paid		M	D	Y	Amount
U.S. BANK		07	16	07	5.80
Address		Purpose			
688 HIGH ST.		ANALYSIS SERVICE CHARGE			
City	State	Zip Code		Check Number	
WORTHINGTON	OH	43085		-	
To Whom Paid		M	D	Y	Amount
U.S. BANK		07	23	07	55.25
Address		Purpose			
688 HIGH ST.		CHECK PRINTING			
City	State	Zip Code		Check Number	
WORTHINGTON	OH	43085		-	
To Whom Paid		M	D	Y	Amount
CAMPAIGNPROS.COM		08	08	07	172.68
Address		Purpose			
616 N. LOGAN		LABEL STICKERS			
City	State	Zip Code		Check Number	
LINCOLN	OH	62656		CHECK CARD	
To Whom Paid		M	D	Y	Amount
U.S. BANK		08	13	07	80.00
Address		Purpose			
688 HIGH ST.		PROOF CORRECTION DEBIT			
City	State	Zip Code		Check Number	
WORTHINGTON	OH	43085		-	
To Whom Paid		M	D	Y	Amount
LANZ PRINTING		08	29	07	211.37
Address		Purpose			
257 CLEVELAND AVE.		LETTERHEAD			
City	State	Zip Code		Check Number	
COLUMBUS	OH	43215		102	
To Whom Paid		M	D	Y	Amount
GROVE CITY GIRLS CLUB		09	09	07	100.00
Address		Purpose			
4069 BROADWAY					
City	State	Zip Code		Check Number	
GROVE CITY	OH	43123		103	
To Whom Paid		M	D	Y	Amount
HOT CARDS COLUMBUS		09	27	07	564.00
Address		Purpose			
372 E. MAIN ST.		CAMPAIGN LITERATURE			
City	State	Zip Code		Check Number	
COLUMBUS	OH	43215		VISA	
To Whom Paid		M	D	Y	Amount
CAMPAIGNPROS.COM		09	20	07	282.00
Address		Purpose			
616 N. LOGAN		BUMPER STICKERS			
City	State	Zip Code		Check Number	
LINCOLN	OH	IL		VISA	

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full MAS FOR JUDGE COMMITTEE						
To Whom Paid GRAPHIC TIS			M	D	Y	Amount 907.00
Address 532 MAIN ST.		Purpose T-SHIRTS SIGNS				
City GROVEPORT		State OH	Zip Code 43125		Check Number 104	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code		Check Number	
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City		State OH	Zip Code		Check Number	

907.00
Page Total

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
MAS FOR JUDGE COMMITTEE			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
MICHAEL MOSES			
Street Address	Description of Item or Service	M	D
330 S. HIGH ST.	REFRESHMENTS	06	14
City	State	Y	Fair Market Value
COLUMBUS	OH	07	100.00
	Zip Code	Received at Fundraising Event?	
	43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
RONALD JAMES			
Street Address	Description of Item or Service	M	D
330 S. HIGH ST.	REFRESHMENTS	06	14
City	State	Y	Fair Market Value
COLUMBUS	OH	07	100.00
	Zip Code	Received at Fundraising Event?	
	43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
GABRIELLE WONMELL			
Street Address	Description of Item or Service	M	D
3191 MINERVA LAKE RD	FOOD + REFRESHMENTS	07	14
City	State	Y	Fair Market Value
COLUMBUS	OH	07	175.00
	Zip Code	Received at Fundraising Event?	
	32231	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
JULIA ARGINI CARBONNEL			
Street Address	Description of Item or Service	M	D
5398 COUNTRY MEADOWS	FOOD + REFRESHMENTS	08	09
City	State	Y	Fair Market Value
WESTERVILLE	OH	07	135.00
	Zip Code	Received at Fundraising Event?	
	43082	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
WOODY FOX			
Street Address	Description of Item or Service	M	D
211 S. HIGH ST.	FOOD + REFRESHMENTS	08	30
City	State	Y	Fair Market Value
COLUMBUS	OH	07	250.00
	Zip Code	Received at Fundraising Event?	
	43215	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
GINA LANGEN			
Street Address	Description of Item or Service	M	D
3645 OVENTANGY BLVD.	FOOD + REFRESHMENTS	09	27
City	State	Y	Fair Market Value
COLUMBUS	OH	07	200.00
	Zip Code	Received at Fundraising Event?	
	43214	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
JOE E. KAISER			
Street Address	Description of Item or Service	M	D
2103 SCENIC DR.	REFRESHMENTS	10	12
City	State	Y	Fair Market Value
LANCASTER	OH	07	200.00
	Zip Code	Received at Fundraising Event?	
	43130	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STACY ARMENGAU			
Street Address	Description of Item or Service	M	D
7526 HEATHERWOOD LN.	FOOD + REFRESHMENTS	10	16
City	State	Y	Fair Market Value
DUBLIN	OH	07	250.00
	Zip Code	Received at Fundraising Event?	
	43017	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]

\$ 1410.00
Page Total

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
MAS FOR JUDGE COMMITTEE			
Full Name of Contributor PAULA DEMINO-	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 6775 ANGLIMAN W.	Description of Item or Service REFRESHMENTS	M D Y 10 19 07	Fair Market Value 175.00
City WORTHINGTON	State Zip Code OH 43085	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor JEANNE MICHAEL			
Employer, Occupation, Labor Organization* REFRESHMENTS			
Registration Number, if PAC			
Street Address 7719 RICHGNS DR.	Description of Item or Service	M D Y 10 19 07	Fair Market Value 45.00
City DUBLIN	State Zip Code OH 43017	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor			
Employer, Occupation, Labor Organization*			
Registration Number, if PAC			
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
Full Name of Contributor			
Employer, Occupation, Labor Organization*			
Registration Number, if PAC			
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
Full Name of Contributor			
Employer, Occupation, Labor Organization*			
Registration Number, if PAC			
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
Full Name of Contributor			
Employer, Occupation, Labor Organization*			
Registration Number, if PAC			
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
Full Name of Contributor			
Employer, Occupation, Labor Organization*			
Registration Number, if PAC			
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]

\$220.00
 Page Total

