

AMENDED

Statement of Contributions Received

Prescribed by Secretary of State 03/05

FILED
10 JUL 19 AM 8:30
FRANKLIN COUNTY
BOARD OF ELECTIONS

Name of Committee in Full Jungo for Judge		Registration Number, if PAC	
Full Name of Contributor Constantine Stamos		Employer/Occupation/Labor Organization*	
Street Address 2638 Wacklow Rd		Form (Cash, Check, etc.) Check	
City Toledo	State OH	Zip Code 43606	M D Y 04 20 10 Amount 25.00
Full Name of Contributor Richard Killworth		Registration Number, if PAC	
Street Address 205 Dell Park Ave		Employer/Occupation/Labor Organization*	
City Dixton		Form (Cash, Check, etc.) Check	
State OH	Zip Code 45419	M D Y 04 20 10	Amount 200.00
Full Name of Contributor Kathleen Leazier		Registration Number, if PAC	
Street Address 5321 Pintail Pl.		Employer/Occupation/Labor Organization*	
City Fort Wayne		Form (Cash, Check, etc.) Check	
State IN	Zip Code 46818	M D Y 04 20 10	Amount 100.00
Full Name of Contributor Andrew Owen		Registration Number, if PAC	
Street Address 395 meditation Ln		Employer/Occupation/Labor Organization*	
City Columbus		Form (Cash, Check, etc.) Check	
State OH	Zip Code 43235	M D Y 05 10 10	Amount 100.00
Full Name of Contributor Geoffrey Bobbitt		Registration Number, if PAC	
Street Address 5513 Headleysmill Rd		Employer/Occupation/Labor Organization*	
City Batavalia		Form (Cash, Check, etc.) Check	
State OH	Zip Code 43062	M D Y 05 10 10	Amount 50.00
Full Name of Contributor Docile Jim Brady		Registration Number, if PAC	
Street Address 585 Brookside Dr.		Employer/Occupation/Labor Organization*	
City Columbus		Form (Cash, Check, etc.) Mastercard	
State OH	Zip Code 43209	M D Y 05 09 10	Amount 25.00
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City		Form (Cash, Check, etc.)	
State	Zip Code	M D Y	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City		Form (Cash, Check, etc.)	
State	Zip Code	M D Y	Amount

* 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 at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Jungo for Judge			
Full Name of Contributor Allen Killwoeth		Registration Number, if PAC	
Street Address 8079 Nistock Dr.	Employer/Occupation/Labor Organization*	M D Y 04 22 10	Amount 200.00
City Dublin	State Zip Code OH 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen Klimas		Registration Number, if PAC	
Street Address 365 Jeffrey Pl.	Employer/Occupation/Labor Organization*	M D Y 04 22 10	Amount 200.00
City Columbus	State Zip Code OH 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Chiparkoff		Registration Number, if PAC	
Street Address 6029 Barons Courtway	Employer/Occupation/Labor Organization*	M D Y 04 22 10	Amount \$100.00
City Dublin	State Zip Code OH 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tom Hayes, Law Office of Thomas Hayes LLC		Registration Number, if PAC	
Street Address 65 E. Livingston Ave	Employer/Occupation/Labor Organization* Attorney	M D Y 04 22 10	Amount \$150.00
City Columbus	State Zip Code OH 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew Berag		Registration Number, if PAC	
Street Address 3901 Tarrington Ln	Employer/Occupation/Labor Organization*	M D Y 04 22 10	Amount \$250.00
City Columbus	State Zip Code OH 43221	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 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.)	

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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

900	00
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Total expenditures this event.

568	67
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Page Total \$	900.00
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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		
Junia for Judge					
Full Name of Contributor			Amount		
*Thomas Gyostein					
Street Address		Employer/Occupation/Labor Organization*	M	D	Y
6720 Hayhurst St.		Attorney	0	5	26
City		Sta te	Zip Code		Form (Cash, Check, etc.)
Worthington		OH	43085		Check
Full Name of Contributor			Registration Number, if PAC		
Street Address			Amount		
City		Sta te	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC		
Street Address			Amount		
City		Sta te	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC		
Street Address			Amount		
City		Sta te	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC		
Street Address			Amount		
City		Sta te	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC		
Street Address			Amount		
City		Sta te	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC		
Street Address			Amount		
City		Sta te	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

912	00
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Total expenditures this event.

143	65
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Page Total \$	50.00
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