

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Junga For Judge						Registration Number, if PAC										
Full Name of Candidate Christopher Thomas Junga																
Street Address 789 S Front St						Office Sought Judge Common pleas			District general div.							
City Columbus						State OH		Zip Code 43215								
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary 2010	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year						
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<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		0	M	5	0	D	4	1	Y	0

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	S	\$5,320.00
2. Total monetary contributions (From Form No. 31-A)	S	\$2,312.00
3. Total other income (From Form No. 31-A-2)	S	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	S	\$7,632.00
5. Total monetary expenditures (From Form No. 31-B)	S	\$1,393.48
6. Balance on hand (line 4 minus line 5)	S	\$6,238.52
7. Value of in-kind contributions received (From Form No. 31-J-1)	S	\$77.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	S	
9. Outstanding loans owed by committee (From Form No. 31-C)	S	
10. Outstanding debts owed by committee (From Form No. 31-N)	S	
11. Outstanding loans owed to committee (From Form No. 31-K)	S	
12. Value of independent expenditures made (From Form No. 31-U)	S	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	S	

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.

Amy E Frank Treasurer



06/08/2010

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 4

Expenditure pages 4

Other pages _____

Total pages 8

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Junga For Judge											
Full Name of Contributor Constantine Stamos							Registration Number, if PAC				
Street Address 2638 Wicklow Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Toledo		State OH	Zip Code 43606		M 0	D 4	Y 2	Y 0	Y 1	Y 0	Amount \$25.00
Full Name of Contributor Richard Killworth							Registration Number, if PAC				
Street Address 205 Dell Park Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Dayton		State OH	Zip Code 45419		M 0	D 4	Y 2	Y 0	Y 1	Y 0	Amount \$200.00
Full Name of Contributor Wayne Leazier and Kathleen Leazier							Registration Number, if PAC				
Street Address 5321 Pintail Pl				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Fort Wayne		State IN	Zip Code 46818		M 0	D 4	Y 2	Y 0	Y 1	Y 0	Amount \$100.00
Full Name of Contributor Andrew Owen							Registration Number, if PAC				
Street Address 395 Meditation Ln				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Columbus		State OH	Zip Code 43235		M 0	D 5	Y 1	Y 0	Y 1	Y 0	Amount \$100.00
Full Name of Contributor Elaine Bobbitt and Geoffrey Bobbitt							Registration Number, if PAC				
Street Address 5513 Headleys Mill Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Pataskala		State OH	Zip Code 43062		M 0	D 5	Y 1	Y 0	Y 1	Y 0	Amount \$50.00
Full Name of Contributor Docile Jim Brady							Registration Number, if PAC				
Street Address 585 Brookside Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) MasterCard				
City Columbus		State OH	Zip Code 43209		M 0	D 5	Y 0	Y 4	Y 1	Y 0	Amount \$25.00
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	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

Prescribed by Secretary of State 03/05

Name of Committee in Full Junga For Judge									
Full Name of Contributor Contributions from form 31-E 4/22/10							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount \$900.00	
Full Name of Contributor Contributions from form 31-E 5/26/10							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount \$912.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For Judge							
To Whom Paid Click and Pledge, C/O Transfirst				M	D	Y	Amount
				0	5	1 0 1 0	\$5.82
Address 371 Centenial Pkwy		Purpose website pledges					
City Louisville		State CO	Zip Code 80027	Check Number visa			
To Whom Paid Customink.com				M	D	Y	Amount
				0	4	2 0 1 0	\$369.76
Address website		Purpose Literature/flyers					
City		State OH	Zip Code	Check Number visa			
To Whom Paid VistaPrint.com				M	D	Y	Amount
				0	4	2 9 1 0	\$189.95
Address website		Purpose magnets					
City		State OH	Zip Code	Check Number visa			
To Whom Paid Vistaprint.com				M	D	Y	Amount
				0	4	2 9 1 0	\$26.99
Address website		Purpose business cards					
City		State OH	Zip Code	Check Number visa			
To Whom Paid Vistaprint.com				M	D	Y	Amount
				0	4	3 0 1 0	\$73.64
Address website		Purpose literature/flyers					
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			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For judge							
To Whom Paid Expenditures from form 31-F 4/22/10				M	D	Y	Amount \$583.67
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid Expenditures from form 31-F 5/26/10				M	D	Y	Amount \$143.65
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				

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Junga For Judge							
Full Name of Contributor *Christopher Junga		Employer, Occupation, Labor Organization* Attorney		Registration Number, if PAC			
Street Address 2384 Sherwood Rd		Description of Item or Service postage		M	D	Y	Fair Market Value \$47.00
City Bexley		State OH	Zip Code 43209	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor *Mindy Junga		Employer, Occupation, Labor Organization* Attorney		Registration Number, if PAC			
Street Address 2384 Sherwood Rd		Description of Item or Service Candy for parade		M	D	Y	Fair Market Value \$30.00
City Bexley		State OH	Zip Code 43209	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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 OH	Zip Code	Received at Fundraising Event? <input 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 OH	Zip Code	Received at Fundraising Event? <input 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 OH	Zip Code	Received at Fundraising Event? <input 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 OH	Zip Code	Received at Fundraising Event? <input 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 OH	Zip Code	Received at Fundraising Event? <input 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			

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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For Judge											
To Whom Paid Due Amici						M	D	Y	Amount		
						0	4	2	1	0	\$763.67
Address 67 E. Gay St.				Purpose Food/Drinks/Room							
City Columbus		State OH		Zip Code 43215		Check Number visa					
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					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For Judge												
To Whom Paid Club 185						M	D	Y	Amount			
						0	5	2	6	1	0	\$143.65
Address 185 E Livingston Ave				Purpose Food/Drinks/Room								
City Columbus		State OH		Zip Code 43215		Check Number visa						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
		OH										

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Junga For Judge					
Full Name of Contributor Linda Killworth and Allen Killworth				Registration Number, if PAC	
Street Address 8079 Ivistork Dr		Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 2 2 1 0	Amount \$200.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Karen Klimas				Registration Number, if PAC	
Street Address 365 Jeffery Pl		Employer/Occupation/Labor Organization* 		M D Y 0 4 2 2 1 0	Amount \$200.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor *Mark Chuparkoff and Tina Chuparkoff				Registration Number, if PAC	
Street Address 6029 Barons Court Way		Employer/Occupation/Labor Organization* attorney		M D Y 0 4 2 2 1 0	Amount \$100.00
City Dublin		State OH	Zip Code 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 0 4 2 2 1 0	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Matthew Berry and Julie Berry				Registration Number, if PAC	
Street Address 3901 Tarrington Ln		Employer/Occupation/Labor Organization* 		M D Y 0 4 2 2 1 0	Amount \$250.00
City Columbus		State OH	Zip Code 43220	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.)	

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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

Total expenditures this event.

\$63.67

Page Total \$ 900.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Junga For Judge				
Full Name of Contributor *John Little			Registration Number, if PAC	
Street Address 9547 High Free Pike	Employer/Occupation/Labor Organization* attorney		M D Y 0 5 2 6 1 0	Amount \$20.00
City West Jefferson	State OH	Zip Code 43162	Form (Cash, Check, etc.) cash	
Full Name of Contributor *Mike Seiwert				
Street Address 230 N Cassingham			Registration Number, if PAC	
Employer/Occupation/Labor Organization* attorney		M D Y 0 5 2 6 1 0	Amount \$50.00	
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) cash	
Full Name of Contributor Dan Snyder				
Street Address 112 W 1st Ave			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 0	Amount \$60.00	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) cash	
Full Name of Contributor Laura Cook				
Street Address 3541 Stimson Rd			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 0	Amount \$300.00	
City Norton	State OH	Zip Code 44203	Form (Cash, Check, etc.) check	
Full Name of Contributor Elisie Junga				
Street Address 4488 286th St			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 0	Amount \$200.00	
City Toledo	State OH	Zip Code 43611	Form (Cash, Check, etc.) check	
Full Name of Contributor J R Junga				
Street Address 4488 286th St			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 0	Amount \$200.00	
City Toledo	State OH	Zip Code 43611	Form (Cash, Check, etc.) check	
Full Name of Contributor *Robert J Beck Jr				
Street Address 12465 Brown Moder Rd			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 2 6 1 0	Amount \$32.00	
City Marysville	State OH	Zip Code 43040	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$	\$862.00
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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 Junga For Judge					
Full Name of Contributor *Thomas Gjostein and Rebecca Gjostein				Registration Number, if PAC	
Street Address 6720 Hayhurst St		Employer/Occupation/Labor Organization* attorney		M D Y 0 5 2 6 1 0	Amount \$50.00
City Worthington		State OH	Zip Code 43085	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.)	
		OH			
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.)	
		OH			
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.)	
		OH			
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.)	
		OH			
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.)	
		OH			
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.)	
		OH			

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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

Total expenditures this event.

\$143.65

Page Total \$ **\$50.00**