

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

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Full Name of Committee Junga For Judge						Registration Number, if PAC or Unit BOARD OF ELECTIONS										
Full Name of Candidate Christopher Thomas Junga																
Street Address 789 South Front St.						Office Sought Judge Common Pleas			District							
City Columbus						State OH		Zip Code 43215								
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$5,500.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$5,500.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$180.00
6. Balance on hand (line 4 minus line 5)	\$	\$5,320.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$231.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
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.

Amy E Frank Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

04/20/10
Date

Contribution pages 1

Expenditure pages 2

Other pages 3

Total pages 6

Statement of Contributions Received

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Name of Committee in Full Junga For Judge										
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 3	Y 1	Amount \$5,000.00	
Full Name of Contributor Steven j. Killworth							Registration Number, if PAC			
Street Address 1914 Canterbury				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Houston		State TX		Zip Code 77030		M 0	D 3	Y 1	Amount \$500.00	
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	

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Junga For Judge							
To Whom Paid Expenditures from form 31-F				M	D	Y	Amount
				0	3	2010	\$180.00
Address		Purpose Fundraiser deposit					
City	State OH	Zip Code	Check Number 0101				
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				

Page Total **\$180.00**

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	3	2010	\$180.00
Address 67 East Gay St.		Purpose fund raiser 4/22/10					
City Columbus		State OH	Zip Code 43215	Check Number 0101			
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.

\$180.00
Page Total \$

In-Kind Contributions Received

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Name of Committee in Full					
Junga For Judge					
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Melinda Killworth	Attorney				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2384 Sherwood Rd	invitations & business cards	0	4	0	\$52.00
City	State	Zip Code	Received at Fundraising Event?		
Bexley	OH	43209	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Melinda Killworth	Attorney				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2384 Sherwood Rd	Postage	0	4	0	\$56.00
City	State	Zip Code	Received at Fundraising Event?		
Bexley	OH	43209	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Melinda Killworth	Attorney				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2384 Sherwood Rd	website	0	4	0	\$110.00
City	State	Zip Code	Received at Fundraising Event?		
Bexley	OH	43209	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Christopher Junga	Attorney				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2384 Sherwood Rd	name badge	0	4	0	\$13.00
City	State	Zip Code	Received at Fundraising Event?		
Bexley	OH	43209	<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	Zip Code	Received at Fundraising Event?		
	OH		<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	Zip Code	Received at Fundraising Event?		
	CH		<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	Zip Code	Received at Fundraising Event?		
	OH		<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	Zip Code	Received at Fundraising Event?		
	OH		<input type="radio"/> YES <input type="radio"/> NO		

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