

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS FOR JUDGE COMMITTEE						Registration Number, if PAC	
Full Name of Contributor DEAN HERNANDEZ						Form (Cash, Check, etc.) CHECK	
Street Address 605 TANSY LN.		Employer/Occupation/Labor Organization*		M D Y 10 24 07		Amount 500.00	
City WESTERVILLE		State OH Zip Code 43081					
Full Name of Contributor KELLY LUCAS						Registration Number, if PAC	
Street Address 500 S. FRONT ST.		Employer/Occupation/Labor Organization*		M D Y 10 26 07		Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH Zip Code 43215				Amount 100.00	
Full Name of Contributor GABRIELLE WONNELL						Registration Number, if PAC	
Street Address 3171 MINERVA LK RD		Employer/Occupation/Labor Organization*		M D Y 10 12 07		Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH Zip Code 43231				Amount 50.00	
Full Name of Contributor JOYCE HOSTETLER						Registration Number, if PAC	
Street Address 193 E. FRANKS AVE.		Employer/Occupation/Labor Organization*		M D Y 11 01 07		Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH Zip Code 43201				Amount 100.00	
Full Name of Contributor LABORERS INT. UNION N.A.M LOCAL 423						Registration Number, if PAC LA 912	
Street Address 670 AWM CREEK DR.		Employer/Occupation/Labor Organization*		M D Y 10 22 07		Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH Zip Code 43205				Amount 1000.00	
Full Name of Contributor ANN HOKE						Registration Number, if PAC	
Street Address 172 MAYFAIR BLVD.		Employer/Occupation/Labor Organization*		M D Y 10 25 07		Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH Zip Code 43213				Amount 35.00	
Full Name of Contributor DAN E. BELVILLE						Registration Number, if PAC	
Street Address 1184 SMALLWOOD DR.		Employer/Occupation/Labor Organization*		M D Y 10 25 07		Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH Zip Code 43235				Amount 35.00	
Full Name of Contributor LAURA ADKINS BUGNETS						Registration Number, if PAC	
Street Address 2282 WOODSTOCK RD.		Employer/Occupation/Labor Organization*		M D Y 10 31 07		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON		State OH Zip Code 43221				Amount 50.00	

* 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)]

\$1870.00
Page Total **\$0.00**