

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 0	D 4	Y 2210	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 0	D 4	Y 2210	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 0	D 4	Y 2210	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 0	D 4	Y 2210	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 0	D 4	Y 2210	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.)		

* 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

\$900.00

Total expenditures this event.

\$563.67

Page Total \$ 900.00