

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

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS for Judge				
Full Name of Contributor Linda Leah Reibel			Registration Number, if PAC	
Street Address 39 Orchard Dr	Employer/Occupation/Labor Organization*		M D Y 09 27 07	Amount 75.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Eileen Paley			Registration Number, if PAC	
Street Address 668 Bellamy Pl	Employer/Occupation/Labor Organization*		M D Y 09 27 07	Amount 50.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Mae + Deborah Crawford			Registration Number, if PAC	
Street Address 33 Glencoe Rd.	Employer/Occupation/Labor Organization*		M D Y 09 27 07	Amount 125.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark Serrott			Registration Number, if PAC	
Street Address 789 (A) NW Blvd	Employer/Occupation/Labor Organization*		M D Y 09 27 07	Amount 15.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) cash	
Full Name of Contributor Walter Gerhardstein			Registration Number, if PAC	
Street Address 7100 N. High St 307	Employer/Occupation/Labor Organization*		M D Y 09 27 07	Amount 75.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard Gunther			Registration Number, if PAC	
Street Address 40 W. Stafford Ave	Employer/Occupation/Labor Organization*		M D Y 09 27 07	Amount 50.00
City WORTHINGTON	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Carole De Paola			Registration Number, if PAC	
Street Address 4944 Buckthorn Ln	Employer/Occupation/Labor Organization*		M D Y 09 27 07	Amount 50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	

\* 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

985.00

Total expenditures this event.

Page Total \$

440.00

\$0.00