Event D	o _{ate} 5/26/10
Page _	

\$862.00

Page Total \$

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Name of Committee in Full			A (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Junga For Judge				
Full Name of Contributor *John Litle			Registration Number, if	PAC
Street Address 9547 High Free Pike	Employer/Occupation/Labor Organization* attorney		M D Y O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O	Amount) \$20.00
City	Stal te	Zip Code	Form (Cash, Check, etc.	
West Jefferson	OH	43162	cash	
Full Name of Contributor			Registration Number, it	PAC
*Mike Seiwert				
Street Address	Employer/Occupationney	Employer/Occupation/Labor Organization*		Amount) \$50.00
230 N Cassingham City	State			
Bexley	OH	43209	Form (Cash, Check, etc.	
Full Name of Contributor			Registration Number, it	PAC
Dan Snyder				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
112 W 1st Ave			0 5 2 6 1 0	\$60.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	cash	
Full Name of Contributor			Registration Number, it	PAC
Laura Cook				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
3541 Stimson Rd			0 5 2 6 1 0	\$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Norton	OH	44203	check	
Full Name of Contributor Elisie Junga			Registration Number, it	PAC
Street Address 4488 286th St	Employer/Occupation/Labor Organization*		0 5 2 6 1 0	Amount) \$200.00
City Toledo	Stal te OH	Zip Code 43611	Form (Cash, Check, etc. check)
ull Name of Contributor J R Junga		Registration Number, if PAC		
Street Address 4488 286th St	Employer/Occupation/Labor Organization*		0 5 2 6 1 °C	Amount \$200.00
City Toledo	Stu-te OH	Zip Code 43611	Form (Cash, Check, etc. check)
Full Name of Contributor *Robert J Beck Jr	anno una manara in manara manda manda manda manda manda manda a manda manda manda manda manda manda manda manda	ng n	Registration Number, i	f PAC
Street Address 12465 Brown Moder Rd	Employer/Occup. Attorne	ation/Labor Organization*	0 5 2 6 1 C	Amount \$32.00
City Marysville	Sta te OH	Zip Code 43040	Form (Cash, Check, etc.)
* Decrined Comparability in a Comparison in dividuals are \$10	10 to otation 32 and Comment A.	camble, candidates. If contrib	utania aalf amanlayad tha aa	augustian and the name of

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	Total expenditures this event.	April 188
. 1		· · · · · · · · · · · · · · · · · · ·
\$0.00	\$0.00	
Ψ0.00	φυ.υυ	200

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)]