

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 Tom wal Deck			Registration Number, if PAC	
Street Address 1935 w. Schrock Rd	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 40 ⁰⁰ / _{xx}
City Cols	State OH	Zip Code 43081	Form (Cash, Check, etc.) cash	
Full Name of Contributor Laura Repasky			Registration Number, if PAC	
Street Address 1355 Haybrook Dr.	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 35 ⁰⁰ / _{xx}
City Cols	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Kelly Green			Registration Number, if PAC	
Street Address 328 Lost River Dr.	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 35 ⁰⁰ / _{xx}
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) check	
Full Name of Contributor Ann Henkener			Registration Number, if PAC	
Street Address 3711 Olenfangy Rvr Rd	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 35 ⁰⁰ / _{xx}
City Cols	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor John J. Kulewicz			Registration Number, if PAC	
Street Address 52 E. Gay St	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 250 ⁰⁰ / _{xx}
City Cols	State OH	Zip Code 43216	Form (Cash, Check, etc.) check	
Full Name of Contributor Gayle Westbrook			Registration Number, if PAC	
Street Address 1033 Marland Dr N	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 25 ⁰⁰ / _{xx}
City Cols	State OH	Zip Code 43224	Form (Cash, Check, etc.) check	
Full Name of Contributor Randal Reves			Registration Number, if PAC	
Street Address 3207 N. High St	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 35 ⁰⁰ / _{xx}
City	State OH	Zip Code 43202	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

720.00

Total expenditures this event.

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Page Total \$

455.00
\$0.00