

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS For Judge</u>				
Full Name of Contributor <u>CANDACE L. wat kins</u>			Registration Number, if PAC	
Street Address <u>929 Franklin Ave</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>07   14   07</u>	Amount <u>150.00</u> <del>xx</del>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43205</u>	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>Anne Hoke</u>			Registration Number, if PAC	
Street Address <u>172 Mayfair Blvd</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>07   14   07</u>	Amount <u>75.00</u> <del>xx</del>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43213</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Gary Geopfert</u>			Registration Number, if PAC	
Street Address <u>627 Pincay</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>07   14   07</u>	Amount <u>80.00</u> <del>xx</del>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>Lori Tyack</u>			Registration Number, if PAC	
Street Address <u>947 Clubview Blvd W</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>07   14   07</u>	Amount <u>75.00</u> <del>xx</del>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43235</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Jo Kaiser</u>			Registration Number, if PAC	
Street Address <u>2103 Scenic Dr.</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>07   14   07</u>	Amount <u>75.00</u> <del>xx</del>
City <u>Lancaster</u>	State <u>OH</u>	Zip Code <u>43130</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Virginia Lohmann Bauman</u>			Registration Number, if PAC	
Street Address <u>19 Brecon Cr.</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>07   14   07</u>	Amount <u>100.00</u> <del>xx</del>
City <u>Granville</u>	State <u>OH</u>	Zip Code <u>43023</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Tom Waldey K</u>			Registration Number, if PAC	
Street Address <u>1027 Peggy's Cove</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>07   14   07</u>	Amount <u>75.00</u> <del>xx</del>
City <u>Reynoldsburg</u>	State <u>OH</u>	Zip Code <u>43068</u>	Form (Cash, Check, etc.) <u>check</u>	

\* 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

1955.00

Total expenditures this event.

-

630.00  
Page Total \$ \$0.00