31-E R.C. 3517.10(B)

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

Event Date	10/16/07
Page 2	

Page Total \$

Prescribed by Secretary of State 03/05

Name of Committee in Full MAS For Judge					
Full Name of Contributor	Registration Number, if PAC				
MAS for Judge Full Name of Contributor Javier Armen San Street Address 85 7 8, 1486	Employer/Occupa	M D Y Amount 10 1607 500 24			
Cols	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) Che L		
full Name of Contributor			Registration Number, if PAC		
itreet Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	of Contributor				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)		
Required for contributions from individuals over the individual's business, if any, rather than employ labor organization of which the employees are men fill in the boxes below only on the last page for this	yer should be listed. If two or more mbers, if any, must also appear. [R	e employees contribute via pa	utor is self-employed, the occupation and the name o yroll deduction and exceed the aggregate of \$100, the		
Transfer the Total contributions for this event to for n the date column	m No. 31-A. Under Full Name of	Contributor state "Contribution	ons from form No. 31-E" and list the date of the even		
Fotal contributions this event	Total expenditures this event.				
			500,0		