

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

Prescribed by Secretary of State 03/05

Name of Committee in Full MNS for Judge				
Full Name of Contributor John Connor II			Registration Number, if PAC	
Street Address 436 W. 5th Ave	Employer/Occupation/Labor Organization*		M D Y 07 14 67	Amount 75 ⁰⁰ / ₁₀₀
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Harry Reinhart			Registration Number, if PAC	
Street Address 400 S. Fifth St., Ste 202	Employer/Occupation/Labor Organization*		M D Y 07 14 67	Amount 100 ⁰⁰ / ₁₀₀
City Columbus	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Laura E. Wiselaker Repasky			Registration Number, if PAC	
Street Address 1355 Haybrook Dr.	Employer/Occupation/Labor Organization*		M D Y 07 14 67	Amount 50 ⁰⁰ / ₁₀₀
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Eric Brown			Registration Number, if PAC	
Street Address 34 W. Poplar	Employer/Occupation/Labor Organization*		M D Y 07 14 67	Amount 100 ⁰⁰ / ₁₀₀
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Beverly Schmidt			Registration Number, if PAC	
Street Address 3015 Shadywood Rd	Employer/Occupation/Labor Organization*		M D Y 07 14 67	Amount 100 ⁰⁰ / ₁₀₀
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Gary Baker			Registration Number, if PAC	
Street Address 2142 Staghorn way	Employer/Occupation/Labor Organization*		M D Y 07 14 67	Amount 75 ⁰⁰ / ₁₀₀
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Roger Koeck			Registration Number, if PAC	
Street Address 6257 Emberwood Rd	Employer/Occupation/Labor Organization*		M D Y 07 14 67	Amount 75 ⁰⁰ / ₁₀₀
City Dublin	State OH	Zip Code 43017	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

1955.00

Total expenditures this event.

575.00
Page Total \$ 0.00