Event Date June 14, 2007 Page 2

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Name of Committee in Full MAS For Judge			
Full Name of Contributor Charles Cook			Registration Number, if PAC
Street Address 5165 Monna Crt	Employer/Occupation/Labor Organization*		M 6 1 4 0 7 Amount 50 200
City Westerville	Stal te OH	Zip Code 43081	Form (Cash, Check, etc.)
Full Name of Contributor Lewis. E. Williams Jr			Registration Number, if PAC
Street Address 929 Franklin And	Employer/Occupation/Labor Organization*		M 0 6 1 4 0 7 Amount ov
City	Stal te OH	Zip Code 43 205	Form (Cash, Check, etc.)
Full Name of Contributor Charles Clovis	···············		Registration Number, if PAC
Street Address 330 S. High St.	Employer/Occupation/Labor Organization*		061407 Amount 250 Ax
Cols	Stal te OH	Zip Code	Form (Cash, Check, etc.) Che Ch
Full Name of Contributor LORI M. Tyack			Registration Number, if PAC
Street Address 947 Aubriew Blud D.	Employer/Occupation/Labor Organization*		061407 50 xx
Cols	Sta te OH	Zip Code 43235	Form (Cash, Check, etc.) Che ch
Full Name of Contributor Wi Chaune M. Zymkosk,			Registration Number, if PAC
Street Address 2,28 Poplar St	Employer/Occupation/Labor Organization*		M D Y Amount 50 X X
City Col S	Stal te OH	Zip Code 43207	Form (Cash, Check, etc.)
Full Name of Contributor Brayo Romero			Registration Number, if PAC
Street Address 1026 W, 2 1 Ave	Employer/Occupat	ion/Labor Organization*	M 6 D Y Amount 50 XX
Cols	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor G. Gavy Tyack Street Address			Registration Number, if PAC
947 Clubriew Blud. D.	Employer/Occupation/Labor Organization*		M 6 6 1 4 0 7 50 X 4
Cols	Sta te OH	Zip Code 43235	Form (Cash, Check, etc.) We ch
* Required for contributions from individuals over \$100 to statewide	e and General Ass	embly candidates. If contribut	or is self-employed, the occupation 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.	
1440 00		600.00 Page Total \$

^{*} 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)]