

# 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 Fritz Thenor			Registration Number, if PAC	
Street Address 794 English Oak St	Employer/Occupation/Labor Organization*		M   D   Y 07   14   07	Amount 100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathryn Koch			Registration Number, if PAC	
Street Address 59 W. Livingston Ave	Employer/Occupation/Labor Organization*		M   D   Y 07   14   07	Amount 150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jim Hall			Registration Number, if PAC	
Street Address 1308 W. Mound St.	Employer/Occupation/Labor Organization*		M   D   Y 07   14   07	Amount 500.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Cash	
Full Name of Contributor [Signature]			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

\* 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.

Page Total \$

750.00  
\$0.00