

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>Chris Metzger</u>			Registration Number, if PAC	
Street Address <u>330 S. High St</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>80.00</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Gerard Noel</u>			Registration Number, if PAC	
Street Address <u>118 E. Main St</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>80.00</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Alissa Holtfinger</u>			Registration Number, if PAC	
Street Address <u>501 S. High</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>75.00</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Herbert L. Thorn dal</u>			Registration Number, if PAC	
Street Address <u>7495 Blue Fox Ln</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>25.00</u>
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>David A. Belinky</u>			Registration Number, if PAC	
Street Address <u>326 S. High</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>100.00</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Stewart Bearm</u>			Registration Number, if PAC	
Street Address <u>326 S. High</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>100.00</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Frederick D. Benton Jr</u>			Registration Number, if PAC	
Street Address <u>786 S. Front St St 204</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 16 07</u>	Amount <u>100.00</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code	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

Total expenditures this event.

1060.00

-

560.00
Page Total \$ <u>560.00</u>