

# 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 David Pippin			Registration Number, if PAC	
Street Address 3783 Secretariat Ct	Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50.00/xv
City Cols	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Edward T. Cain			Registration Number, if PAC	
Street Address 124 Pine Village Dr	Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50.00/xv
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) check	
Full Name of Contributor Richanne M. Zymkowski			Registration Number, if PAC	
Street Address 2128 Poplar St	Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 75.00/vx
City Cols	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Neil W. Rosenberg			Registration Number, if PAC	
Street Address 400 S. 5th St. St 102	Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50.00/xv
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Dr. Verge Lattimore			Registration Number, if PAC	
Street Address 610 OLDF N. Church Dr	Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 81.40/vx
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check	
Full Name of Contributor Roberta Gerlach			Registration Number, if PAC	
Street Address 1738 ELWOOD AVE	Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50.00/xv
City Cols	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Raymond Paul Schrodtt			Registration Number, if PAC	
Street Address 7057 Cloverdale Ln	Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 40.00/vx
City Cols	State OH	Zip Code 43235	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

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Total expenditures this event.

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Page Total \$

355.00  
~~50.00~~