

# 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>Steven SMITH</u>		Registration Number, if PAC	
Street Address <u>1375 Camelot Dr.</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>09   27   07</u>	Amount <u>100.00</u> <sup>xx</sup>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43227</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>George Gary Tyach</u>		Registration Number, if PAC	
Street Address <u>427 Pittsfield Dr</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>09   27   07</u>	Amount <u>50.00</u> <sup>xx</sup>
City <u>WORTHINGTON</u>	State <u>OH</u> Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Deborah Rinho</u>		Registration Number, if PAC	
Street Address <u>920 Kenmore Ct</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>09   27   07</u>	Amount <u>75.00</u> <sup>xx</sup>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43220</u>	Form (Cash, Check, etc.) <u>CASH</u>	
Full Name of Contributor <u>Diane Harry</u>		Registration Number, if PAC	
Street Address <u>86 Crestview Rd</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>09   27   07</u>	Amount <u>50.00</u> <sup>xx</sup>
City <u>Cols</u>	State <u>OH</u> Zip Code	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Gina Langen</u>		Registration Number, if PAC	
Street Address <u>3645 Olentangy</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>09   27   07</u>	Amount <u>100.00</u> <sup>xx</sup>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43214</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Dr. John Okuley</u>		Registration Number, if PAC	
Street Address <u>3645 Olentangy Blvd</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>09   27   07</u>	Amount <u>100.00</u> <sup>xx</sup>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43214</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Janeen Sands</u>		Registration Number, if PAC	
Street Address <u>174 Northmoor Pl</u>	Employer/Occupation/Labor Organization*	M   D   Y <u>09   27   07</u>	Amount <u>35.00</u> <sup>xx</sup>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43214</u>	Form (Cash, Check, etc.) <u>CASH</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

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Total expenditures this event.

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510.00  
Page Total \$ \$0.00