

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Junga for Judge				
Full Name of Contributor **John Little			Registration Number, if PAC	
Street Address 9547 Hightree dr	Employer/Occupation/Labor Organization* Attorney		M D Y 0 7 2 1 1 0	Amount \$20.00
City West Jefferson	State OH	Zip Code 43206	Form (Cash, Check, etc.) cash	
Full Name of Contributor **Allyson Irving			Registration Number, if PAC	
Street Address 753 Mohawk St	Employer/Occupation/Labor Organization* Attorney		M D Y 0 7 2 1 1 0	Amount \$25.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor **Kate Craft			Registration Number, if PAC	
Street Address 1974 Jasper Ln	Employer/Occupation/Labor Organization* attorney		M D Y 0 7 2 1 1 0	Amount \$10.00
City Hillard	State OH	Zip Code 43026	Form (Cash, Check, etc.) cash	
Full Name of Contributor **Robert Bernard			Registration Number, if PAC	
Street Address 3357 Shattuck Ave	Employer/Occupation/Labor Organization* Attorney		M D Y 0 7 2 1 1 0	Amount \$25.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) cash	
Full Name of Contributor Candice Jones			Registration Number, if PAC	
Street Address 3205 Waterford Dr	Employer/Occupation/Labor Organization* attorney		M D Y 0 7 2 1 1 0	Amount \$20.00
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) cash	
Full Name of Contributor **Todd Caudill			Registration Number, if PAC	
Street Address 3087 Walker view dr	Employer/Occupation/Labor Organization* investigator		M D Y 0 7 2 1 1 0	Amount \$20.00
City Hillard	State OH	Zip Code 43026	Form (Cash, Check, etc.) cash	
Full Name of Contributor **Kelly Mott			Registration Number, if PAC	
Street Address 1340 Dublin Rd	Employer/Occupation/Labor Organization* Investigator		M D Y 0 7 2 1 1 0	Amount \$20.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) cash	

* 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

\$140.00

Total expenditures this event.

\$110.00

Page Total \$ **\$140.00**