

# 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 Myron Schwantz				Registration Number, if PAC	
Street Address 495 S. Higa St		Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50 <sup>00</sup> / <sub>xy</sub>
City Cols		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda Leah Reibel				Registration Number, if PAC	
Street Address 39 Orchard Dr		Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50 <sup>00</sup> / <sub>xy</sub>
City WORTHINGTON		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles C. Cook				Registration Number, if PAC	
Street Address 5165 Mouna Court		Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 100 <sup>00</sup> / <sub>xy</sub>
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert M. Clyde				Registration Number, if PAC	
Street Address 241 Collins Ave		Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 200 <sup>00</sup> / <sub>xy</sub>
City Cols		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sara Stratton				Registration Number, if PAC	
Street Address 261 19 <sup>th</sup> St N.W.		Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50 <sup>00</sup> / <sub>xy</sub>
City Canton		State OH	Zip Code 44709	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Pl.		Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50 <sup>00</sup> / <sub>xy</sub>
City Cols		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen L. McIntosh				Registration Number, if PAC	
Street Address 799 Ndb Hill Dr. W.		Employer/Occupation/Labor Organization*		M   D   Y 08   30   07	Amount 50 <sup>00</sup> / <sub>xy</sub>
City Gahanna		State OH	Zip Code 43230	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

Total expenditures this event.

1155	00
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550.00
Page Total \$ <del>50.00</del>