

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>MAAS For JUDGE</b>							
Full Name of Contributor <b>MARTHA Maas</b>					Registration Number, if PAC		
Street Address <b>93 E. Longview Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Cols</b>	State <b>OH</b>	Zip Code <b>43202</b>	M <b>10</b>	D <b>03</b>	Y <b>07</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>John Kampen</b>					Registration Number, if PAC		
Street Address <b>2790 Losantiridge Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Cincinnati</b>	State <b>OH</b>	Zip Code <b>45213</b>	M <b>10</b>	D <b>03</b>	Y <b>07</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Yan Ke</b>					Registration Number, if PAC		
Street Address <b>5398 Country Meadows Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>10</b>	D <b>13</b>	Y <b>07</b>	Amount <b>10.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount	

\* 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)]

Page Total

**160.00**  
**\$0.00**