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

Event Date_	08/09/07
Page	·

Page Total \$

Prescribed by Secretary of State 03/05

Name of Committee in Full					
MAS for Judge					
Full Name of Contributor	Registration Number, if PAC				
I Sabel Bonilla Street Address	In 1 10 11	т. Т. 1 О : · · · · · · · · ·	M D Y Amount		
Street Address 8795 Juneberry RD. City	Employer/Occupation/Labor Organization*		08090715 %		
City Lewis Center	Sta te	Zip Code 43 03 5	Form (Cash, Check, etc.)		
Full Name of Contributor			Registration Number, if PAC		
Airen Aguilar Street Address					
Street Address 6204 Blentangy River 10	Employer/Occupation/Labor Organization*		M 8 0 9 0 7 35 %		
1 1 1 1 V	Sta te	Zip Code	Form (Cash, Check, etc.)		
Worthington Full Name of Contributor	OH	43085	Chech		
Full Name of Contributor			Registration Number, if PAC		
Han Lucia Ramirez Street Address Employer/Occupation/Labor Organization*			M D Y Amount		
Street Address 7873 Red 1411 CT City	Employer/Occupation/Labor Organization*		08090720%		
City (City)	Stal te OH	Zip Code 43085	Form (Cash, Check, etc.)		
WOVTH, NG TON Full Name of Contributor	ОП	7/3003	Registration Number, if PAC		
P =			Augustian Flumos, 12210		
Jose yargas Street Address 6223 Westwick 01.	Employer/Occupation/Labor Organization*		080907 Amount 25 XX		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
hewis Center	ОН	43035	Check		
Full Name of Contributor Marie Hadden	Registration Number, if PAC				
Street Address 4722 Briandale Cf Arc	Employer/Occupation/Labor Organization*		M D Y Amount 70 X X		
City	Sta te	Zip Code 43016	Form (Cash, Check, etc.)		
Dublin	ОН	45016	Chech		
Full Name of Contributor Patricia Ruiz			Registration Number, if PAC		
Street Address 1687 Hickory Creek Ln.	Employer/Occupation/Labor Organization*		W 8 0 9 0 7 Amount 2 XX		
City	Sta te OH	Zip Code 43229	Form (Cash, Check, etc.)		
Full Name of Contributor		1 / 5 - 4 /	Registration Number, if PAC		
Crystal MeriDa					
Street Address S. Powell the Art A	Employer/Occupation/Labor Organization*		M D Y Amount N 50 K x		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Lols	OH	43204	Choch		
* Required for contributions from individuals over \$100 to statewide	and General Asse	mbly candidates. If contributo	r is self-employed, the occupation and the name of		

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.	
335,00		210.00

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)]