

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 JO E. Kaiser			Registration Number, if PAC	
Street Address 2103 Scenic Dr	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 75 ⁰⁰ / _{xx}
City Lancaster	State OH	Zip Code 43130	Form (Cash, Check, etc.) Check	
Full Name of Contributor Abe Bahgat			Registration Number, if PAC	
Street Address 3784 Chevington Rd.	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 75 ⁰⁰ / _{xx}
City Cols	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Hunter			Registration Number, if PAC	
Street Address 3360 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 35 ⁰⁰ / _{xx}
City Cols	State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor EMILY MAS			Registration Number, if PAC	
Street Address 206 Hiawatha Ave	Employer/Occupation/Labor Organization*		M D Y 10 12 07	Amount 80 ⁰⁰ / _{xx}
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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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Page Total \$

265.00
~~50.00~~