31-E R.C. 3517.10(B)

## Statement of Contributions Received Page 2 at a Social or Fund-Raising Event

Event Date_	08/09/07	7
Page		

Prescribed by Secretary of State 03/05

						<del></del>	
Name of Committee in Full  MDS For Judge  Full Name of Contributor  Soledad Rojar - Kooi  Street Address  756 English oak Ct  City							
Full Name of Contributor			Registra	tion Nur	nber, if	PAC	
Soledad Rojar-Kooi					,		
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount 00	
756 English oak CT			Form (Cash, Check, etc.)				
City	Sta te	Zip Code	1 `	•			
westerville	OH	43081	Ca	ech			
Eull Name of Contributor			Registra	tion Nur	nber, if	PAC	
Tudith Moseley							
Street Address	Employer/Occupation/Labor Organization*		M				
Judith Moseley Street Address 938 Mt. Pleasant Ano			08	08090750xx			
City	Sta te	Zip Code	Form (Ca	sh, Che	ck, etc.)		
Cols	OH	43201	1 2	eeh	,		
	1 011	1 10001	Registra	٠,	nher if	PAC	
ruii ivame of Contributor			Kegistia		, 11		
Full Name of Contributor  Fleng Santos  Street Address  70 Fovest Ridge Dr  City  Cols  Full Name of Contributor		.,		-	**	T A	
Street Address	Employer/Occupa	ation/Labor Organization*	Mo	200	h Y	35 XV	
70 Hovest ladge Dr			1 1	١,	P 7		
City	Sta te	Zip Code	Form (Ca	•	ck, etc.		
Cols	OH	43235	(	ash			
			Registra	tion Nu	nber, if	PAC	
Haron Streate							
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount	
	Zimpio) en e coupe					1	
City	Sta te	Zip Code	Form (Ca	sh, Che	ck, etc.	)	
City	ОН			,			
E-HAV	011		Registra	tion Nu	mher if	PAC	
Full Name of Contributor Registration Number, if PAC					ine		
					1 37	TA	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<u> </u>							
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.		
	OH						
Full Name of Contributor			Registra	tion Nu	mber, if	PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
	Limpioyen George	atom nation of Gameraton					
City	Sta te	Zip Code	Form (C	ash. Che	ck etc.	)	
Chy	OH	Zip code	1 01 (0.	, 0	,		
	0		Dociotro	tion Mu	mhar if	PAC.	
Full Name of Contributor			Registra	RIOH NU	mver, II	IAC	
					1 -3		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.	)	
	OH		:				
* Required for contributions from individuals over \$100 to statewi		sembly candidates. If contribu	tor is self-emn	loved	the occ	cupation and the name of	
the individual's business, if any, rather than employer should be lis	sted If two or more	employees contribute via nav	roll deduction	and ex	ceed th	ne aggregate of \$100, the	

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		/25.00 Page Total \$

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]