

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>MAS For JUDGE</u>				
Full Name of Contributor <u>Jan E. Davis</u>			Registration Number, if PAC	
Street Address <u>2492 Edgelyale rd</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 19 07</u>	Amount <u>50⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>K. Sue Foley</u>			Registration Number, if PAC	
Street Address <u>4898 Sharon</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 19 07</u>	Amount <u>45⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43214</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>(Citizens for Rautin) Mike Rautin</u>			Registration Number, if PAC	
Street Address <u>2432 Wynantrey ct</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 14 07</u>	Amount <u>100⁰⁰/_{xx}</u>
City <u>Powell</u>	State <u>OH</u>	Zip Code <u>43065</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Carole DePaola</u>			Registration Number, if PAC	
Street Address <u>4944 BuckThorn Ln</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 19 07</u>	Amount <u>45⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43220</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Felix Ortiz</u>			Registration Number, if PAC	
Street Address <u>974 Worthington Woods Blvd</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 19 07</u>	Amount <u>45⁰⁰/_{xx}</u>
City <u>WORTHINGTON</u>	State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Bonnie Michael</u>			Registration Number, if PAC	
Street Address <u>6681 Merewood St</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 19 07</u>	Amount <u>25⁰⁰/_{xx}</u>
City <u>WORTHINGTON</u>	State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Bernard Yavitch</u>			Registration Number, if PAC	
Street Address <u>592 S 3rd St</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 19 07</u>	Amount <u>50⁰⁰/_{xx}</u>
City <u>Cols</u>	State <u>OH</u>	Zip Code <u>43220</u>	Form (Cash, Check, etc.) <u>check</u>	

* 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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360.00
Page Total \$ <u>360.00</u>