

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Junga for Judge</b>						
Full Name of Contributor <b>**Robert Shea</b>					Registration Number, if PAC	
Street Address <b>1024 s Pearl St</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Visa</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$92.54</b>
Full Name of Contributor <b>Docile Jim Brady</b>					Registration Number, if PAC	
Street Address <b>585 Brookside Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>visa</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Jill Grier</b>					Registration Number, if PAC	
Street Address <b>2558 Henthorn Rd</b>		Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>visa</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>**Robert Essex</b>					Registration Number, if PAC	
Street Address <b>1654 E Broad St</b>		Employer/Occupation/Labor Organization* <b>attorney</b>			Form (Cash, Check, etc.) <b>Master Card</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43062</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Total contributions from Form no. 31-E,"</b>					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 <b>\$140.00</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

\* 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)]