

4/22/10

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Jung for Judge		Registration Number, if PAC	
Full Name of Contributor Allen Killworth		M D Y Amount 04 22 10 200.00	
Street Address 8079 Wistock Dr.	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Dublin	State OH Zip Code 43017		
Full Name of Contributor Karen Klimas		Registration Number, if PAC	
Street Address 365 Jeffery Pl.		M D Y Amount 04 22 10 200.00	
City Columbus	State OH Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Chiparkoff		Registration Number, if PAC	
Street Address 6029 Barons Courtway		M D Y Amount 04 22 10 \$100.00	
City Dublin	State OH Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tom Hayes, Law Office of Thomas Hayes LLC		Registration Number, if PAC	
Street Address 65 E. Livingston Ave		M D Y Amount 04 22 10 \$150.00	
City Columbus	State OH Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew Bernag		Registration Number, if PAC	
Street Address 3901 Tarrington Ln		M D Y Amount 04 22 10 \$250.00	
City Columbus	State OH Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y Amount	
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y Amount	
City	State 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

900	00
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Total expenditures this event.

563	67
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Page Total \$

900.00
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