31-E R.C. 3517.10(B)

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

Event Date	JUNE	4	2007
Page		7	

	Prescribed by Secreta	ary of State 03/05	
Name of Committee in Full			
MAS For Judge Full Name of Contributor			
•			Registration Number, if PAC
Steven Larson Street Address			
209 S. High St	Employer/Occupa	ation/Labor Organization*	M D Y Amount ay
City	Sulfa	17: 0 1	06140781004
Cols	Sta te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	0.1	43215	Chk
JUE. Kaiser			Registration Number, if PAC
Succi Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
2103 Scenie Dr			061407 50xx
City Lancaster	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH	43130	chech
Full Name of Contributor			Registration Number, if PAC
Street Address			
Give Address Bellamy 01.	Employer/Occupat	tion/Labor Organization*	M D Y Amount
City City 1.			061407 50/xx
Cols	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	ОН	43213	Chech
wilfred A. Verhoff			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
3081 Columbus PK		Jacor Organization	061407 252x
	Sta te	Zip Code	Form (Cash, Check, etc.)
Delaware	OH	43015	Cerech
Full Name of Contributor ERMESTO Merida			Registration Number, if PAC
Street Address			
7 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Employer/Occupati	ion/Labor Organization*	M D Y Amount
City >, VOWER AND AND	. Gul	17: 0	061407 60xx
C_{0}	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	<u> </u>	43204	
Julia Arbini Carbonell			Registration Number, if PAC
	Employer/Occupation	on/Labor Organization*	M D Y Amount
5398 Country Meadow &	· · · · · · · · · · · · · · · · · · ·	OLD DISCOLOR OF GRANDER CONTROL OF CONTROL O	061407 100 XX
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	4 3082	Che ch
Full Name of Contributor			Registration Number, if PAC
Leanna H. Gipson Street Address			
960 Hunter Ano	Employer/Occupation	on/Labor Organization*	M D Y Amount 02
City C 1		I	96/407 50 XX
COIS	Stal te OH	Zip Code 43201	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to statewide a	and General Asser	phly candidates. If contribute	wie celf and the desired
and marriedan 5 dusiness, if any, famel man employer should be fisted	. II IWO OF MOTE EF	mnlovees contribute via nove	of its self-employed, the occupation and the name of old 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)]	me aggregate of \$100, the
ill in the boxes below only on the last page for this event.			
ransfer the Total contributions for this event to form No. 31-A. Under	Full Name of Con	ntributor state "Contributions	from form No. 31-F" and list the data of the
the date column			and hist the date of the event

abor organization of which the employees are member	1 74 12	te of \$100, the
Fill in the boxes below only on the last page for this even Transfer the Total contributions for this event to form No in the date column	: 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the da	te of the event
Total contributions this event	Total expenditures this event.	
1440,00	Page Total \$	95.00 \$0.00