

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

Prescribed by Secretary of State 03/05

Event Date June 14, 2007
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Name of Committee in Full <u>MAS For Judge</u>			
Full Name of Contributor <u>Steven Larson</u>		Registration Number, if PAC	
Street Address <u>209 S. High St</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 14 07</u>	Amount <u>\$100.00</u>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>chk</u>	
Full Name of Contributor <u>JO E. Kaiser</u>		Registration Number, if PAC	
Street Address <u>2103 Scenic Dr</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 14 07</u>	Amount <u>50.00</u>
City <u>Lancaster</u>	State <u>OH</u> Zip Code <u>43130</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Eileen Paley</u>		Registration Number, if PAC	
Street Address <u>668 Bellamy Pl.</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 14 07</u>	Amount <u>50.00</u>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43213</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Wilfred A. Verhoff</u>		Registration Number, if PAC	
Street Address <u>3081 Columbus Pk</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 14 07</u>	Amount <u>25.00</u>
City <u>Delaware</u>	State <u>OH</u> Zip Code <u>43015</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Ernesto Merida</u>		Registration Number, if PAC	
Street Address <u>255 S. Dornell Ave Apt 4</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 14 07</u>	Amount <u>60.00</u>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43204</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Julia Arbin Carbonell</u>		Registration Number, if PAC	
Street Address <u>5398 Country Meadows</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 14 07</u>	Amount <u>100.00</u>
City <u>Westerville</u>	State <u>OH</u> Zip Code <u>43082</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Leanna H. Gipson</u>		Registration Number, if PAC	
Street Address <u>960 Hunter Ave</u>	Employer/Occupation/Labor Organization*	M D Y <u>06 14 07</u>	Amount <u>50.00</u>
City <u>Cols</u>	State <u>OH</u> Zip Code <u>43201</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

1440.00

Total expenditures this event.

Page Total \$

435.00
\$0.00