

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full MAS FOR JUDGE COMMITTEE									
Full Name of Contributor LUZ BELL						Registration Number, if PAC			
Street Address 987 ROOSEVELT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City BEXLEY			State OH		Zip Code 43209		M D Y 06 19 07		Amount 50.00
Full Name of Contributor ROSEMARIE ROSSETTI						Registration Number, if PAC			
Street Address 1008 EASTCHESTER DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State OH		Zip Code 43230		M D Y 06 19 07		Amount 50.00
Full Name of Contributor NANCY WONNELL						Registration Number, if PAC			
Street Address 330 S. HIGH ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State OH		Zip Code 43215		M D Y 06 19 07		Amount 375.00
Full Name of Contributor MITCH SHIERIN						Registration Number, if PAC			
Street Address 1180 W. BROAD ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State OH		Zip Code 43222		M D Y 06 19 07		Amount 100.00
Full Name of Contributor LARIE ZIMMERMAN						Registration Number, if PAC			
Street Address 393 MINING RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State OH		Zip Code 43202		M D Y 07 06 07		Amount 75.00
Full Name of Contributor AVAN BRUCE SMITH						Registration Number, if PAC			
Street Address 99 INDIAN SPRINGS DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State OH		Zip Code 43214		M D Y 07 07 07		Amount 75.00
Full Name of Contributor SUSAN WARREN SMITH						Registration Number, if PAC			
Street Address 99 INDIAN SPRINGS DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS			State OH		Zip Code 43214		M D Y 07 14 07		Amount 75.00
Full Name of Contributor LINDA STOR - SCAGGS						Registration Number, if PAC			
Street Address 98 WEXFORD DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GRANVILLE			State OH		Zip Code 43055		M D Y 07 20 07		Amount 75.00

* 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)]

Page Total

875.00