31-E R.C. 3517.10(B)

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

Event Date 06/14/07
Page

Prescribed by Secretary of State 03/05

Name of Committee in Full			
MAS for Judge			
Full Name of Contributor Ted Barrows			Registration Number, if PAC
Street Address 4834 Savasota Dr	Employer/Occupation/Labor Organization*		M 0 6 1 4 0 7 250 XX
city Hilliard	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) Me &
Full Name of Contributor Jeffrey D. Mackey			Registration Number, if PAC
Street Address 1538 Melvose Ano	Employer/Occupation/Labor Organization*		M D Y Amount 00
Cols	Stal te OH	Zip Code 43224	Form (Cash, Check, etc.) Chech
Full Name of Contributor Russell Good Win			Registration Number, if PAC
Russell Goodwin Street Address 103 E. First Ang	Employer/Occupation/Labor Organization*		M 6 1 4 0 7 Amount 50 XX
City CO S	Stal te OH	Zip Code 45201	Form (Cash, Check, etc.) Check
Full Name of Contributor Caylos Bricevo Street Address			Registration Number, if PAC
153 Sarin St	Employer/Occupation/Labor Organization*		0 6 1 4 0 7 Amount 25 XX
Cols	Sta te	Zip Code 43240	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	OH State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	Stal te	Zip Code	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100 to statewi	de and General Ass	sembly candidates. If contribute	or is self-employed, the occupation and the name of

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

in the date column			
Total contributions this event	Total expenditures this event.		

375,0 Page Total \$

^{*} 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)]