Event Date	10/16/13	
Page	67	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Si	ecretary of State 3/05					
Name of Committee in Full	• • •						
Frank Macke for Judge Com	mittee						
Full Name of Contributor		Registration Number, if PAC					
See attached spreadsheet (10	1/16/13 Fundraiser)		1				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	
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City	State	Zip Code	Form(C	ash Chec	k,etc)		-,
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Full Name of Contributor	1	<u></u>	Registra	tion Nun	nber, if Pa	AC	
Pail Name of Conditionor							
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Full Name of Contributor			Regisor	atton nun	iloei, ii ri	AC .	
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Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registr	ation Nun	nber, if P	AC	
Street Address Employer/Occupation/L		pation/Labor Organization*	М	D	Y	Amount	
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City	State	Zip Code	Form(C	ash Chec	k,etc)		
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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 No. 31-E" and list the date of the event in the date column.

Fotal contributions this event	Total expenditures this event	
4,480.00	202.50	Page Total \$ 4.480.00

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 appear. [R.C. 3517.10(B)(4)]