31-A									
R	С.	351	7.	10					

Page	1	-

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Frank Macke for Judge Committee								
Full Name of Contributor					Registration Number, if PAC			
See attached Excel Spreadsheet 31-A								· · · · · · · · · · · · · · · · · · ·
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	M	D		Y	Amount 3,740.00
Full Name of Contributor		l		Registr	ation N	Jumb	er, if PA	
BUCKEYE PRINTING - PARTIAL RE	EFIND	ON I	PRINTING				•	
Street Address			ation/Labor Organization*					Form (Cash, Check, etc.)
217 N GRANT ST								CHECK
City	St	ate	Zip Code	М	D		Y	Amount
COLUMBUS	0	Н	43215	1 1 1	2	0	0 6	177.23
Full Name of Contributor	1	<u>' </u>		Registr	ration N	lumb	er, if PA	AC .
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
City	St	ate ı	Zip Code	M	D		Y	Amount
			<u> </u>	70 - 11		l	:CDA	
Full Name of Contributor				Kegisti	ration N	vumc	er, if PA	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
City	St	ate	Zip Code	M	D		Y 	Amount
				Pogist	ration N	Jumb	er, if PA	<u> </u>
Full Name of Contributor				Registi	undir	*********		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
City	St	ate	Zip Code	M	D		Y	Amount
Full Name of Contributor				Registr	ration N	lumb	er, if PA	AC .
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
	- C+	ate	Zip Code	М	D		Y	Amount
City			Zip code	"			ĺ	
Full Name of Contributor			<u></u>	Registr	ration N	lumb	per, if PA	AC
Charact Address	Employe	r/Occum	ation/Labor Organization*			_		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*							
City	St	ate 	Zip Code	M	D		Y 	Amount
Full Name of Contributor				Registi	ration N	Juml	er, if PA	AC
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	St	ate	Zip Code	М	D		Y	Amount
		Ļ.,			البياب	_		name of the

* 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)]

Page Total \$ 3,917.23