Event Date	6/26/13
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05						
Name of Committee in Full								
Frank Macke for Judge Com Full Name of Contributor	mittee		15	20. 30.				
Full Name of Contributor	_			Registration Number, if PAC				
See attached spreadsheet (6)	26 Fundraiser)			т 5		т.		
Street Address	Employer/Occup	pation/Labor Organization*	М	P	Y	Amount	4 = 60 00	
					<u> </u>		1,560.00	
City	State	Zip Code	Form(C	ash,Checl	c,etc)			
- •								
Full Name of Contributor			Registra	ttion Num	ber, if PA	AC .		
Tall Tall of Tall								
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
Street Admics				1 1	!	ŀ		
	State	Zip Code	Form(C	ash,Chec	k_etc)			
City	State	2.5 0000			,			
		<u></u>	Pericon	ation Nurr	her if P	4C		
Full Name of Contributor			I Kegisti	211011 11011	, 11 12			
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Street Address	Employer/Occu	pation/Labor Organization*	M,	P	Y	Amount		
	L			<u> </u>	<u> </u>	<u> </u>		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
	1	_						
Full Name of Contributor			Registr	ation Nun	iber, if P	AC		
rain raise of Controller								
Company Addition	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
Street Address				1 :	1 1			
	State	Zip Code	Form(C	ash,Chec	k etc)			
City	State		1	2 or mil order orders of				
	<u>.</u> <u>:</u>	1	Pagistr	ation Nun	oher if D	<u> </u>		
Full Name of Contributor			Registi	ation ivus	1001, II F	nc .		
			Н	1 5	1	Τ.		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
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Full Name of Contributor			Registr	ation Nur	nber, if P	AC		
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Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
Silea Addiess	1			1.	1 !			
0:	State	Zip Code	Form(C	ash,Chec	k.etc)	1		
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			Registr	ation Nur	nher if P	AC		
Full Name of Contributor			, cessu					
	[r1,	mariant abov Ovanniantiac*	М	l D	Y	Amount		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*		1 7	'.	Amazem		
	i		:	<u> </u>		4		
		1a: 0 1	1	~				
City	State	Zip Code	Form(C	ash,Chec	:k,etc)			

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	Total expenditures this event	
		Page Total \$ 1.560.00
1.560.00	0.00	

^{*} 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)]