

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee									
Full Name of Contributor J. Tullis Rogers (court appointed)						Registration Number, if PAC			
Street Address 3845 Northbank Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Millersport		State O H		Zip Code 43046		M 0		D 5	
						Y 3		Amount 100.00	
Full Name of Contributor Charles C. Postlewaite, LLC						Registration Number, if PAC			
Street Address 3040 Riverside Drive, Ste. 122			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43221		M 0		D 5	
						Y 3		Amount 500.00	
Full Name of Contributor Total Contributions from Form No. 31-E for 04.13.06 event.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount 4,520.00	
Full Name of Contributor Total Contribution from Form No. 31-E for 04.20.06 event.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount 6,433.06	
Full Name of Contributor Total Contributions from Form 31-E for 05.04.06 event.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount 1,005.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	

* 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 \$ **12,558.06**