Page <u>2/2</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
White for Judge Committee							
Full Name of Contributor		Registr	Registration Number, if PAC				
J. Tullis Rogers (court appointed)							
Street Address	Employer/Occu	pation/Labor Organization*				Form	(Cash, Check, etc.)
3845 Northbank Road						cł	neck
City	State	Zip Code	М	D	Y	Amou	
Millersport	OLE	i 43046	0 5	5 3	$1 \mid 0$	6	100.00
Full Name of Contributor				ation Num			
Charles C. Postlewaite, LLC							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form	(Cash, Check, etc.)
3040 Riverside Drive, Ste. 122							neck
City	State	Zip Code	M	D	Y	Amou	
Columbus	OIH			1 1	1 1		500.00
Full Name of Contributor		10441		ation Num	O O	6 40	200.00
Total Contributions from Form No. 3	1 F for 04 1	2.04 arrant	Trogisti .	5000 144	1061, 11.	AL	
Street Address		Employer/Occupation/Labor Organization*					
attect audi 055	Employerrood	Employer/Occupation/Labor Organization				Porm	(Cash, Check, etc.)
City	State	le: e.s.	1.17		1 77	—	
City	State	Zip Code	M	D	Y	Amou	
Full Name of Contributor				حليك	ليك		4,520.00
	- 2 24.00		Registra	stion Num	iber, if Pa	AC	
Total Contribution from Form No. 31							
Street Address	Employer/Occup	pation/Labor Organization×				Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	Y	Amour	nt
				1	1		6,433.06
Full Name of Contributor			Registra	ition Num	ber if P/	<u>۱</u> ۲	0,200,00
Total Contributions from Form 31-E f	for 05.04.06	event	1	N.C.		10	
Street Address		Employer/Occupation/Labor Organization*				Fmm (Cash, Check, etc.)
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City	State	Zip Code	M	D	Y	Amoun	
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Full Name of Contributor				17:	- 1		1,005.00
ruii Name of Controdor			Kegistrat	tion Numb	ber, at re	7C	
Street Address	Ta 110					- 7	
Street Address	Fulbioheurncanh	ation/Labor Organization×				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Åmoun	t
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Full Name of Contributor			Registrat	tion Numb	ber, if PA	C	
							1
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	Y	Amoun	
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Full Name of Contributor		_1	Dogistrat	tion Numb	2 DA		
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6 A 33	Translation C						
Street Address	Funbioher. n ccoh-	yer/Occupation/Labor Organization×				Form (u	ash, Check, etc.)
			·				<u></u>
City	State	Zip Code	М	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