Page	1	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
White for Judge Committee									
Full Name of Contributor				Registration Number, if PAC					
Kathleen H. Ayres			1,		21 41110		,		
Street Address	Employer/Decay	ation/Labor Organization*					Form (Cash, C	heck etc i	
6320 State Route 136	2g.systi sosapationinadost organización						check		
City	State	Zip Code	M		D	Y	Amount		
Hillsboro	OH		1 1	$3 \mid 1$	- 1			500.00	
Full Name of Contributor		10100				er, if PAC		300.00	
Tracey M. Lovitt			1.090			J., 1. 2 24 C	,		
Street Address	Employer/Occum	ation/Labor Organization*					Form (Cash, C	hack etc.)	
3445 Creek Road	ampioyoti o coupi	Storing about Organization					check	=	
City	State	Zip Code	М		nΤ	Y	Amount		
Cincinnati	OH	45241	1 1	- 1				100.00	
Full Name of Contributor	10 11	45241		3 1		0 6	-	100.00	
Total contributions from Form No. 31-	Е		Keyis	rtanon 1	MUITION	я,пгас			
Street Address		ation/Labor Organization*					In /c 1 c		
Street Address	Employerruccupa	atton/Labor Organization					rorm (Cash, C	Form (Cash, Check, etc.)	
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City	State	Zip Code	M	I	1	Y	Amount	0.405.00	
					3			2,195.00	
Full Name of Contributor			Regis	tration 1	Numbe	r, if PAC			
Street Address	Employer/Occupa	ntion/Labor Organization*					Form (Cash, C	heck, etc.)	
City	State	Zip Code	M	I)	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	I		Y	Amount		
							1		
Full Name of Contributor			Regist	tration 1	lumbe	r, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	M	Ī	1	Υ	Amount		
•			1						
Full Name of Contributor		<u></u>	Regist	ration N	Iumbe	r, if PAC			
Street Address	Ermolover/Occupa	tion/Labor Organization*					Form (Cash, Cl	neck, etc.)	
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City	State	Zip Code	M	D		Y	Amount		
City		Zip code	""	"			Millount		
Full Name of Contributor			Pariet	nation N	Imbo	4 PAC	<u> </u>		
Full Name of Contributor Registration Number, if PAC									
P 1 10 2 . E 1 . O . C . Y						Form (C.A. C.	oole ato i		
treet Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
	6.1. 12.0.1			W			A		
City	State	Zip Code	M	D		Y	Amount		
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* 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 \$ 2,795.00