3	۱-	A				
R.	C.	35	1	7.	1	0

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Page 1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Fronk Macke for Ludge Committee								
Frank Macke for Judge Committee				Registration Number, if PAC				
Full Name of Contributor See attached spreadsheet (General Contributions)				Registration Number, it PAC				
Street Address		pation/Labor Organization*				Form (Cash	Check, etc.)	
	,	,				,	•	
City	State	Zip Code	М	D	Y	Amount		
	1 1		i	<u> </u>	1	L	19,745.00	
Full Name of Contributor			Registra	tion Nur	iber, if PA	.C		
Contributions from form No 31-E								
Street Address	Employer/Occu	upation/Labor Organization*	,			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			016	2.6	113		1,560.00	
Full Name of Contributor					ber, if PA	C	-	
Contributions from form No 31-E								
Street Address	Employer/Occi	apation/Labor Organization*				Form (Cash, Check, etc.)		
						<u> </u>		
City	State	Zip Code	M	D	Y	Amount	4.410.00	
		1	0 7			4	4,610.00	
Full Name of Contributor			Registra	ition Nun	nber, if PA	iC.		
Contributions from form No 31-E	Employer/Oper	upation/Labor Organization*			-	Form (Cash	, Check, etc.)	
Street Address	Employer/Occi	upation/Labor Organization				Porti (Casi	, check, etc.)	
City	State	Zip Code	М	D	Y	Атоші		
			0 7	111	1 3		4,285.00	
Full Name of Contributor		- - ·	Registra	ation Nun	nber, if PA	VC .		
Contributions from form No 31-E								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
·			017	119	113		5,925.00	
Full Name of Contributor	<u> </u>		Registra	ation Nun	nber, if PA	vC		
Contributions from form No 31-E								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Chy	5				1.3		1,830.00	
Full Name of Contributor					nber, if P		-/000.00	
Contributions from form No 31-E								
Street Address Employer/Occupation/Labor Organization*			¹			Form (Cash, Check, etc.)		
	1					<u> </u>		
City	State	Zip Code	M	D	Y	Amount		
	<u> </u>		018				75.00	
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC .		
	Contributions from form No 31-E Employer/Occupation/Labor Organization*					Ic 40 1	Charles S	
Street Address							Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Атоши		
			018	2 9	1 3	ì	1,695.00	
			. , , , ,	-:-		1 	,	

Page Total 5 39,725.00

[•] 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)]