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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		<u> </u>				
Frank Macke for Judge Committee						
Frank Wacke for Judge Continuitee		<u> </u>	Registration No			
See attached spreadsheet (General C	ontribution	s)	Kegistiztion N	ancer, ir P	4C	
Street Address	Employer/Occ	- L -		Form (Cash, Check, etc.)		
	1				(544, 6164, 66.)	,
City	State	Zip Code	M D	Y	Amount	
				!	19,395	.00
Full Name of Contributor	<u> </u>		Registration Nu	mber, if P		
Contributions from form No 31-E						
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)	<u> </u>
City	State ;	Zip Code	M D	Y	Amount	
				6 1 3		.00
Full Name of Contributor			Registration Nu	mber, if PA	AC	
Contributions from form No 31-E Street Address	Employer/Occupation/Labor Organization*					
Street Address	Employer/Occ	upanon capor Organization*			Form (Cash, Check, etc.)	'
City	State	Zip Code	M D	T	 -	
City		Zap code		Y 1¦3	Amount	
Full Name of Contributor	1	<u> </u>	Registration Nu			.00
Contributions from form No 31-E						
Street Address	upation/Labor Organization*			Form (Cash, Check, etc.)		
		•			o o o o o o o o o o o o o o o o o o o	
City	State	Zip Code	M D	T Y	Amount	
			0/7/1/1	1 1 3	4,285.	00
Full Name of Contributor	-		Registration Nu		.C	-00
Contributions from form No 31-E			1			
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)	
				_		
City	State	Zip Code	M D	Y	Amount	
Full Name of Contributor			0 7 1 9		5,925.	.00
Contributions from form No 31-E						
Street Address	[Employer/Occur	ipation/Labor Organization*				
Succi ruuless	Lanpioyer/Occ	ipation/1.20or Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	MD	T V		<u> Т</u>
	1		0 8 1 5		Amount	
Full Name of Contributor		_ <u>-</u>	Registration Nur		1,830.	.00
Contributions from form No 31-E					C	
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)	⊣
					(===, ====, ===,	- 1
City	State	Zip Code	M D	Y	Amount	一
	1		018 216	1 3	75.0	.00.
Full Name of Contributor			Registration Nur			~
Contributions from form No 31-E	E-1 **		<u> </u>			
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)	\neg
City	State	17in Code	·1 ,, T -			
eny	Jaie	Zip Code	MD	Y	Amount	
quired for contributions from individuals over \$100 to statewide and ex	mamil accombly	lidana Managaran in 16	018 219	113	1,695.0	W

* 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 \$ 39,375.00