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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					_		
Frank Macke for Judge Committee							
Full Name of Contributor		Registration Number, if PAC					
Contributions from form No 31-E	·						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			019	1   2	1 3	7,045.00	
Full Name of Contributor	···		Registra	tion Num	ber, if PA		
Contributions from form No 31-E							
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
Short Manage	' '						
ris.	State	Zip Code	М	D	ΙŸ	Amount	
City	!			0:9	1	850.00	
Full Name of Contributor				tion Num	<u> </u>		
			710825110				
Contributions from form No 31-E	TEmployer/Open				Form (Cash, Check, etc.)		
et Address Employer/Occupation/Labor Organizati						roin (Casil, Check, etc.)	
		Ta: 6 1	1 1/	<del>1 ~ ~ -</del>	1 1/	ļ <u> </u>	
City	State	Zip Code	M	D	Y	Amount	
			_	16		4,480.00	
Full Name of Contributor			Registra	stion Nur	iber, if PA	AC .	
	<u> </u>					<b>.</b>	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)	
				_			
City	State	Zip Code	М	D	Y	Amount	
<u></u>							
Full Name of Contributor			Registra	ation Nur	ber, if PA	۰.C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	<b>i</b> '			!	i		
Full Name of Contributor		***	Registra	ation Nur	ber, if PA	VC .	
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
				1 :			
Full Name of Contributor		<b>.</b>	Registr	ation Nun	iber, if P/	AC .	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Chec		
City	State	Zip Code	М	T D	ΙΥ	Amount	
<b>[</b> "'				1 .	1 .		
Full Name of Contributor	<del></del>		Registr	ation Nun	her if PA	<u>.                                    </u>	
i ai talle of contributor							
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			•	Form (Cash, Check, etc.)	
					,,,		
City	State	Zip Code	М	Τp	Y	Amount	
[,	i					1	
				<u> </u>	1	<u> </u>	

Page Total \$ 12,375.00

<sup>\*</sup> 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)]