Event Date	8/29/13
Page	60

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05							
Name of Committee in Full Frank Macke for Judge Commit	tee								
Frank Macke for Judge Committee				Registration Number, if PAC					
See attached spreadsheet (8/29/	(13 Fundraiser)								
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	•		
Pilites Address					1 :	i	1,695.00		
	State	Zip Code	Form(Ca	sh Chec	k,etc)				
City				1	-				
		<u></u>	Registra	tion Nur	ber, if P	AC			
Full Name of Contributor				'					
	I Employer/Occur	pation/Labor Organization*	М	D	Y	Amount			
Street Address	Zanpioyen occu	Zanpioyen occupation of the second			1				
	State	Zip Code	Form(C	ash Chec	k.etc)	1			
City	State	Zip Code							
					Registration Number, if PAC				
Full Name of Contributor			IKC gisting			,,,,			
			M	D	Y	Amount	 _		
Street Address	Employer/Occu	pation/Labor Organization*	l M	"	'	Alloun			
				<u></u>	٠.	4			
City	State	State Zip Code		ash,Cheo	ck,etc)				
		<u> </u>	Registration Number, if PAC						
Full Name of Contributor	<u> </u>		Registri	ation Nu	nber, if P	AC			
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		P	Y	Amount			
Sheet viada ese									
	State	State Zip Code		Form(Cash, Check, etc)					
City									
Full Name of Contributor			Registr	ation Nu	mber, if F	PAC			
Full Name of Contributor									
	Employer/Occupation/Labor Organization		М	D	Y	Amount			
Street Address				1 ;	!	l			
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City	:								
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Full Name of Contributor									
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Street Address	Linpioyanoca				1 :				
	State			ash,Che	ck etc)	- 			
City	State	7.1p Code	1 011114	. 1111/1110	UN.010)				
			D a crists	mtion Vi	mber, if I				
Full Name of Contributor			Kekren	AUON NU	mioci, il i				
			<u>—</u>	D	ΤŸ	TA-moure:			
Street Address Emplo		ployer/Occupation/Labor Organization*		ر ا	"	Amount			
				Form(Cash,Check,etc)					
City	State	Zip Code	Form(C	_ash,Che	ck,etc)				
		_							

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
1 (05 00	208 25	Page Total \$ 1.695.00
		

^{*} 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)]