

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee					
Full Name of Contributor William Settina			Registration Number, if PAC		
Street Address 729 S. 3rd St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	3	0	6
			Form(Cash, Check, etc) cash		Amount 160.00
Full Name of Contributor Shroyer & Abraham Co., LPA					
Street Address 536 South High St.			Employer/Occupation/Labor Organization*		
City Columbus	State O	Zip Code 43215	M 0	D 4	Y 1
			3	0	6
			Form(Cash, Check, etc) check		Amount 300.00
Full Name of Contributor Smith Phillips & Assoc. Co. LPA					
Street Address 6660 N. High St., Ste. 3F			Employer/Occupation/Labor Organization*		
City Worthington	State O	Zip Code 43085	M 0	D 4	Y 1
			3	0	6
			Form(Cash, Check, etc) check		Amount 150.00
Full Name of Contributor Joseph E. Scott Co., LPA					
Street Address 35 E. Livingston Ave.			Employer/Occupation/Labor Organization*		
City Columbus	State O	Zip Code 43215	M 0	D 4	Y 1
			3	0	6
			Form(Cash, Check, etc) check		Amount 150.00
Full Name of Contributor Zeiger, Tigges & Little LLP					
Street Address 41 South High St., Ste. 3500			Employer/Occupation/Labor Organization*		
City Columbus	State O	Zip Code 43215	M 0	D 4	Y 1
			3	0	6
			Form(Cash, Check, etc) check		Amount 500.00
Full Name of Contributor Toki M. Clark (court appointed)					
Street Address 233 S. High St., 3rd Floor			Employer/Occupation/Labor Organization*		
City Columbus	State O	Zip Code 43215	M 0	D 4	Y 1
			3	0	6
			Form(Cash, Check, etc) check		Amount 150.00
Full Name of Contributor Frederick D. Benton, Jr. (court appointed)					
Street Address 786 S. Front St., Ste. 204			Employer/Occupation/Labor Organization*		
City Columbus	State O	Zip Code 43206	M 0	D 4	Y 1
			3	0	6
			Form(Cash, Check, etc) check		Amount 150.00

* 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)]

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 form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,560.00