31-E
R.C. 3517.10(B)

Event Date 04/20/06
Page 4 of 6

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				**Registration Number, if PAC**	
Bailey Cavalieri LLC					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
10 West Broad St., Ste. 2100				04 28 06	300.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43215		check	
Full Name of Contributor				**Registration Number, if PAC**	
Calfee, Halter/Green Fund for Good Government				C00351635	
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
800 Superior Ave., Ste. 1400				05 02 06	500.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Cleveland	OH	44114		check	
Full Name of Contributor				**Registration Number, if PAC**	
George W. Hairston					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
10933 Morse Rd. SW				05 11 06	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Pataskala	OH	43062		check	
Full Name of Contributor				**Registration Number, if PAC**	
Elizabeth Thym Smith					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
157 Highmeadow Drive				05 24 06	500.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Gahanna	Oh	43230		check	
Full Name of Contributor				**Registration Number, if PAC**	
Vorys Sater Seymour & Peas LLP, Advocates for Effective Governme				OH108	
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
52 E. Gay St.				05 24 06	1,000.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43215		check	
Full Name of Contributor				**Registration Number, if PAC**	
Aaron Rosenfeld					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
2780 Elm Ave.				05 24 06	25.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43209		check	
Full Name of Contributor				**Registration Number, if PAC**	
David S. Cupps					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
2471 Sheringham Rd				05 24 06	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43220		check	

* 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 $ 2,525.00