Event Date	03/23/06
Page	5 of 5

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	1\		Registration Number, if PAC	
Alissa Holfinger (court appoint				
Street Address	Employer/Uca	upation/Labor Organization×	M D Y Amount	0 7 /
501 S. High St.		Te: a i	0 3 2 3 0 6	35.0
City	State	Zip Code	Form(Cash, Check, etc)	
Columbus	OF	I 43215	check	
Full Name of Contributor	7 (. 1\	Registration Number, if PAC	
Law Office of Joy L. Marshall, I Street Address	sq. (court appor	TEA) upation/Labor Organization*		
	Fulbioheutoca	nbautous redamisation	M D Y Amount	25 (
336 S. High Street	State	Zip Code	0 3 2 3 0 6 Form(Cash, Check, etc)	35.0
Columbus	1		check	
Full Name of Contributor	101	1 43213	Registration Number, if PAC	
			Registration Number, it FAC	
Edwin Malek Street Address	Elou10	mation/Labor Organization*	M D Y Amount	
	Employetrocco	ibariout rannt, n.t.dauisariout.		E0.0
1227 South High Street	C4.4.	72. C. J.	0 3 2 3 0 6 Form(Cash, Check,etc)	50.0
Caluma have	State	Zip Code	check	
Columbus	O F	H 43206		
Full Name of Contributor			Registration Number, if PAC	
Caa h 11	Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address	Employerruccu	badoutraoor ordanisadou.	M D Y Amount	
Cu	61.4.	la: c. i.	Francisco A. Charles A.	
City	State	Zip Code	Form(Cash, Check, etc)	
			15 17 18 18	
Full Name of Contributor			Registration Number, if PAC	
	TR 1 10			
Street Address	Employer/Ucct	mation/Labor Organization*	M D Y Amount	
		In a 1		
City	State	Zip Code	Form(Cash, Check, etc)	
			7	
Full Name of Contributor			Registration Number, if PAC	
0	[F](O			<u></u>
Street Address	Employer(Occu	pation/Labor Organization*	M D Y Amount	
		[2: C]		
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
treet Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
		la a i		
ity	State	Zip Code	Form(Cash,Check,etc)	
uired for contributions from individuals over \$100 to statewide and g				
tual's business, if any, rather than employer should be listed. If two or		ayroll deduction and exceed the ag	gregate of \$100, the labor	
ization of which the employees are members, if any, must appear. [R	.C. 3017.10(B)(4)]			
fill in the boxes below only on the last page for this event.				
Fransfer the Total contributions for this event to form No. 31-A. Under	er Full Name of Contributor state	: "Contributions from form No. 31-E	" and list the date of the event	
n the date column.				
	m . 1			
otal contributions this event	Total expenditures this	s event	, m,	
			Page Total \$	120.00
2.195.00		0.00_l		