

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 Steven Larson (court appointed)				Registration Number, if PAC	
Street Address 518 N. Park St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) check	
Full Name of Contributor Javier H. Armengau (court appointed)				Registration Number, if PAC	
Street Address 857 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 250.00
City Columbus	State O H	Zip Code 43206		Form (Cash, Check, etc) check	
Full Name of Contributor David Young (court appointed)				Registration Number, if PAC	
Street Address 495 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) check	
Full Name of Contributor Crysta Pennington (court appointed)				Registration Number, if PAC	
Street Address 3055 Cleveland Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43224		Form (Cash, Check, etc) check	
Full Name of Contributor Christopher Cooper (court appointed)				Registration Number, if PAC	
Street Address 3055 Cleveland Ave.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 3 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43224		Form (Cash, Check, etc) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc)	

* 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

4,520.00

Total expenditures this event

0.00

Page Total \$ 850.00