

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3105

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Sheila Panchal Vitale				Registration Number, if PAC	
Street Address 879 Aylesbury Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Gahanna	State O H	Zip Code 43230		Form (Cash, Check, etc) check	
Full Name of Contributor Peter A. Rosato				Registration Number, if PAC	
Street Address 263 Weatherburn Court		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Powell	State O H	Zip Code 43065		Form (Cash, Check, etc) check	
Full Name of Contributor Mary Cole Mertz				Registration Number, if PAC	
Street Address 2137 Castle Crest Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Worthington	State O H	Zip Code 43085		Form (Cash, Check, etc) check	
Full Name of Contributor Thomas R. Waldeck (court appointed)				Registration Number, if PAC	
Street Address 1027 Peggys Cove		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Reynoldsburg	State O H	Zip Code 43068		Form (Cash, Check, etc) check	
Full Name of Contributor Elise Delanglade-Spriggs				Registration Number, if PAC	
Street Address 4653 Bosart Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 50.00
City Springfield	State O H	Zip Code 45503		Form (Cash, Check, etc) check	
Full Name of Contributor Robert W. Cheugh II				Registration Number, if PAC	
Street Address 1096 Forest Glen Road		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Westerville	State O H	Zip Code 43081		Form (Cash, Check, etc) check	
Full Name of Contributor Charles J. Kegler				Registration Number, if PAC	
Street Address 65 E. State St., Ste. 1800		Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) 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 \$ 950.00