31-	Α	,
R.C.	3517	.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
			٠				
Frank Macke for Judge Committee Full Name of Contributor			Registration Number, if PAC				
See attached Excel Spreadsheet 31-A					, ,		+
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash,	Check, etc.)
511 001 7 MM 1030							
City	State	Zip Code	M	D	Y	Amount	
	1						6,795.00
Full Name of Contributor	-l	<u> </u>	Registra	tion Num	ber, if PA	vC	*
Contributions form Form 31-E (Event V	Victory's o	n 01/26/06)					
Street Address		pation/Labor Organization*	Form (Cash, Check, etc.)			Check, etc.)	
· ·			-				
City	State	Zip Code	М	D	Y	Amount	4 4 6 0 00
			0 1				4,130.00
Full Name of Contributor		00 101 100	Registrat	tion Num	ber, if PA	AC .	
Contributions forn Form 31-E (Event A						P (0.1	Olerate at S
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash,	Uneck, etc.)
	6: .	7:- C- 1-	116	Б	l v	Amount	
City	State	Zip Code	M	D O 4	Y OLG	Amount	14,900.00
T. II N of Containstan		<u></u>	0 2		0 6 ber, if PA		14,700.00
Full Name of Contributor Contributions form Form 31-E (Event Contributions)	D. Rar on C	13 /13 /06)	Registia	aon muil	, II 1 ⁻ /		
Street Address		pation/Labor Organization*	1			Form (Cash,	Check, etc.)
on our radios		r neo. o.Bansanon				(0.00),	,7
City	State	Zip Code	М	D	Y	Amount	· · · · · · · · · · · · · · · · · · ·
			013	1 3			1,195.00
Full Name of Contributor	.!	l			ber, if PA		
Contributions form Form 31-E (Event 1	Millness o	n 03/18/06)					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, 6)		Check, etc.)				
City	State	Zip Code	М	D	Y	Amount	
		<u> </u>		1 8			1,150.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Contributions form Form 31-E (Event (T	
Street Address	Employer/Occu	ipation/Labor Organization*	Form (Cash, Check, etc.)		Check, etc.)		
		In a l	132	1 -	1 ,,	ļ	
City	State	Zip Code	M	D	Y	Amount	4 640 00
5 U.V					0 6		4,640.00
Full Name of Contributor			Regisita	uon Num	ioci, ii P	nC	
Street Address	Employer/Occus	pation/Labor Organization*				Form (Cash	Check, etc.)
Silect Address	Employer/Occu	ipation ration organization.	Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	ΙΥ	Amount	
ony		- P					
Full Name of Contributor		<u> </u>	Registra	tion Nur	ber, if P	AC	
		•			•		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Che		Check, etc.)				
		-	` ` ` '				
City	State	Zip Code	М	D	Y	Amount	
		_				<u></u>	

Page Total \$ 32,810.00

^{*} 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)]