

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 Brandi Laser-Seskes			Registration Number, if PAC			
Street Address 4379 Leppert Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 0 0 6	Amount 150.00
City Hilliard	State O H	Zip Code 43026	Form(Cash, Check, etc) check			
Full Name of Contributor Steve Stivers			Registration Number, if PAC			
Street Address 372 W. 2nd Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 0 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43201	Form(Cash, Check, etc) check			
Full Name of Contributor Andre T. Porter			Registration Number, if PAC			
Street Address 2963 Barclay Sq. N.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 0 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43209	Form(Cash, Check, etc) check			
Full Name of Contributor Megan J. Browning			Registration Number, if PAC			
Street Address 695 Hartford St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 0 0 6	Amount 150.00
City Worthington	State O H	Zip Code 43085	Form(Cash, Check, etc) check			
Full Name of Contributor Cassandra L. Hicks			Registration Number, if PAC			
Street Address 670 Frances Court	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 0 0 6	Amount 150.00
City Gahanna	State O H	Zip Code 43230	Form(Cash, Check, etc) check			
Full Name of Contributor William M. Todd			Registration Number, if PAC			
Street Address 6911 Lauren Place	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 0 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43235	Form(Cash, Check, etc) check			
Full Name of Contributor Robert Gray Palmer			Registration Number, if PAC			
Street Address 185 Rustic Place	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 2 0 6	Amount 150.00
City Columbus	State O H	Zip Code 43214	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 \$ 1,050.00