

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
06 JUN -9 PM 1:17

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Frank Macke for Judge Committee						Registration Number, if PAC 43215					
Full Name of Candidate Frank Macke											
Street Address 400 S 5th Street						Office Sought Court of Common Pleas			District Franklin Cty		
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	Pre-Primary		X		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M 1 1	D 0 7	Y 0 6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 21,704.65
2. Total monetary contributions (From Form No. 31-A)	\$ 12,905.00
3. Total other income (From Form No. 31-A-2)	\$ 20,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 54,609.65
5. Total monetary expenditures (From Form No. 31-B)	\$ 8,753.88
6. Balance on hand (line 4 minus line 5)	\$ 45,855.77
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 22,600.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Ronald J Hagan Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

6/09/06

Date

Contribution
pages 6

Expenditure
pages 17

Other
pages 5

Total
pages 28

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Frank Macke for Judge Committee						
Full Name of Contributor See attached Excel Spreadsheet 31-A				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 9,955.00
Full Name of Contributor Contributions from Form 31-E (Event Arena Grand on 05/21/06)				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 2,950.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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)]

Frank Macke for Judge

Statement of Contributions Received

31-A

Full Name Contributor	Street Address	City	ST	Zip	Emp/Occupation	Date	Pay Meth	Amount
James Arter	1424 Bryden Road	Columbus	OH	43205	Artist	6/1/2006	25.00	Check
Craig D Barclay	3082 Elbern Ave.	Columbus	OH	43209	Attorney	6/6/2006	150.00	Check
John H Bates	495 S. High Street, Suite 400	Columbus	OH	43215	Atty.	4/26/2006	35.00	Check
Melinda K Blakie	489 Mallet Pl. W.	Gahanna	OH	43230	Unknown	5/25/2006	25.00	Check
Janet S Brown	3582 Karikal Drive	Westerville	OH	43081	Unknown	5/25/2006	25.00	Check
Nancy Butler	5325 Tara Hill Drive	Dublin	OH	43017	Unknown	5/25/2006	25.00	Check
Lee Davis	6508 Springhill Drive	Hillsboro	OH	45133	Retired	5/25/2006	2,500.00	Check
Dirken T. Voelker, Attorney at Law	1635 W. 1st Ave.	Columbus	OH	43212	Attorney	6/1/2006	100.00	Check
Fawley and Associates	520 E. Rich Street	Columbus	OH	43215	Attorneys	6/6/2006	100.00	Check
Janis M Gatanis	3283 Cardiff Ct. Apt. B	Toledo	OH	43606	Unknown	4/26/2006	250.00	Check
George M. Hoffman, Attorney At Law	261 W. Johnstown Road	Columbus	OH	43230	Attorney	6/6/2006	50.00	Check
Robert Handelman	3100 Midgard Road	Columbus	OH	43202	Attorney	5/25/2006	250.00	Check
Jack T Hoopes	1588 Treadway P.	Worthington	OH	43235	Unknown	5/25/2006	100.00	Check
Douglas E Hoover	6660 N. High Street, 2E	Worthington	OH	43085	Attorney	6/6/2006	100.00	Check
Catherine Kahle	15635 Rd. 18	Ft. Jennings	OH	45844	Unknown	4/26/2006	100.00	Check
Louie E Kapernaros	3624 Fair Oaks Pl.	Longboat Key	FL	34228	Retired	6/6/2006	100.00	Check
Betsy E Kinkela	81 Keethler Drive South	Westerville	OH	43081	Unknown	4/26/2006	100.00	Check
Joseph R Landusky II, Atty at Law	901 S. High Street	Columbus	OH	43215	Attorney	6/8/2006	250.00	Check
William B Logan, Jr	4749 Wynwood Ct.	Columbus	OH	43220	Attorney	6/6/2006	100.00	Check
Richard Loveland	50 W. Broad Street	Columbus	OH	43215	Attorney	6/6/2006	100.00	Check
Guy J Macke	1436 E. Third St.	Ottawa	OH	45875	Unknown	4/26/2006	200.00	Check
Jason A Macke	2319 N. Fourth Street	Columbus	OH	43202	OSU	6/1/2006	1,000.00	Check
Michael P Mahoney	5170 Chevy Chase Court	Columbus	OH	43220	Attorney	6/6/2006	100.00	Check
D Wesley Newhouse	2674 Henthorne Drive	Upper Arlington	OH	43221	Unknown	4/26/2006	100.00	Check
James Oliphant	2211 Tremont Road	Columbus	OH	43221	Attorney	6/6/2006	100.00	Check
Nicholas Persichetti	400 Knob Avenue	Reynoldsburg	OH	43068	Unknown	5/25/2006	25.00	Check
Frances J Peters	7037 Greensview Village Dr.	Canal Winchester	OH	43110	Unknown	4/26/2006	50.00	Check
Portman, Foley and Flint LLP	471 E. Broad Street, Suite 1820	Columbus	OH	43215	Attorneys	6/1/2006	100.00	Check
Robert A. Dixon, Attorney At Law	4403 St. Clair Avenue	Cleveland	OH	44103	Attorney	6/1/2006	200.00	Check
Rourke and Blumenthal	495 South High St., Suite 450	Columbus	OH	43215	Attorney	5/25/2006	100.00	Check
Rourke and Blumenthal	495 S. High Street, Suite 450	Columbus	OH	43215	Attorneys	6/6/2006	400.00	Check
Jeffrey Smalldon	6048 Rocky Hill Road	Columbus	OH	43235	Unknown	5/25/2006	50.00	Check
Steven Lee Smith	261 S. Front Street	Columbus	OH	43215	Attorney	6/1/2006	100.00	Check
Dorothy Snyder	6508 Spring Hill Drive	Hillsboro	OH	45133	Retired	5/25/2006	1,250.00	Check
Harry C Snyder, III	5528 St. Rt. 132	Batavia	OH	45103	Unknown	4/26/2006	150.00	Check

Frank Macke for Judge

Statement of Contributions Received

31-A

Full Name Contributor	Street Address	City	ST	Zip	Emp/Occupation	Date	Pay Meth	Amount
The Snyder Investment Company	6508 Springhill Drive	Hillsboro	OH	45133	Retired	5/25/2006	1,250.00	Check
Tunney Lee King Attorney at Law	380 S. Fifth Street	Columbus	OH	43215	Attorney	6/6/2006	100.00	Check
Thomas R Waldeck	1027 Peggys Cove	Reynoldsburg	OH	43068	Attorney	6/6/2006	50.00	Check
Robert J Walter	3040 Lane Woods Ct.	Columbus	OH	43221	Attorney	6/1/2006	100.00	Check
Nicholas Yaeger	288 Thurman Avenue	Columbus	OH	43206	Attorney	5/25/2006	45.00	Check
							9,955.00	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Frank Macke for Judge Committee							
Full Name of Contributor See attached Excel spdsht for Event Arena Grand Theater 5/21/06				Registration Number, if PAC			
Street Address 175 Nationwide Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	21	2,950.00
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)			
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)			
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)			
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

2,950.00

Total expenditures this event

1,058.34

Page Total \$ 2,950.00

Frank Macke for Judge
Statement of Contribution Received at a Social or Fundraising Event
(Event- Arena Grand Theater 05/21/06)

Full Name Contributor	Street Address	City	ST	Zip	Emp/Occupation	Date	Pay Meth	Amount
Blythe M. Bethel, Attorney At Law	400 South Fifth Street, Suite 102	Columbus	OH	43215	Attorney	5/25/2006	350.00	Check
Nicholas Cenci	295 Fairlawn Drive	Columbus	OH	43214	Photographer	5/25/2006	500.00	Check
Katherine Federle	2843 Canterbury Lane	Columbus	OH	43221	OSU	5/25/2006	100.00	Check
Daniel Fletcher	1443 Runaway Bay Drive, Apt. 3A	Columbus	OH	43204	Unknown	5/25/2006	100.00	Check
Timothy Gerrity	400 South Fifth Street, Suite 302	Columbus	OH	43215	Attorney	5/25/2006	100.00	Check
Kurt L. Niermeyer, Attorney At Law	243 N. Fifth Street, 3rd Floor	Columbus	OH	43215	Attorney	5/25/2006	200.00	Check
Angela Lloyd					OSU	5/25/2006	200.00	Check
Jason A Macke	2319 N. Fourth Street	Columbus	OH	43202	OSU	5/25/2006	200.00	Check
Kay Meister	205 S. Cassingham Rd.	Columbus	OH	43209	Office Manager	5/25/2006	100.00	Check
Neil W. Rosenberg, Attorney At Law	400 South Fifth Street, Suite 102	Columbus	OH	43215	Attorney	5/25/2006	150.00	Check
Edward L Pau	75 E. Oakland Ave.	Columbus	OH	43201	Attorney	5/25/2006	350.00	Check
Raymond J. Mularski, Attorney At Law	107 W. Johnstown Road	Gahanna	OH	43230	Attorney	5/25/2006	200.00	Check
A Michael Schwarzwald	357 W. Hubbard Ave.	Columbus	OH	43215	Attorney	6/1/2006	100.00	Check
Spencer R. Benedict, Attorney At Law	400 South Fifth Street, Suite 102	Columbus	OH	43215	Attorney	5/25/2006	200.00	Check
Myrna Yashon	81 E. Oakland Ave.	Columbus	OH	43201	Unknown	5/25/2006	100.00	Check
							2,950.00	

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Frank Macke for Judge Committee							
Full Name Transfer from Form 31-C				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
	L N		0 6	0 8	0 6	20,000.00	
City	State	Zip Code	Form(Cash,Check,etc)				
	O H		Check				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Frank Macke for Judge Committee												
To Whom Paid M David Brown						M	D	Y	Amount			
						0	4	1	4	0	6	1,500.00
Address 770 City Park Ave				Purpose Campaign Consultant								
City Columbus		State OH		Zip Code 43206		Check Number 1023						
To Whom Paid M David Brown						M	D	Y	Amount			
						0	4	2	7	0	6	1,500.00
Address 770 City Park Ave				Purpose Campaign Consultant								
City Columbus		State OH		Zip Code 43206		Check Number 1026						
To Whom Paid US Postmaster						M	D	Y	Amount			
						0	5	0	1	0	6	117.00
Address Main Post Office - Twin Rivers				Purpose Postage								
City Columbus		State OH		Zip Code 43215		Check Number 1027						
To Whom Paid M David Brown						M	D	Y	Amount			
						0	5	0	4	0	6	113.08
Address 770 City Park Ave				Purpose Stationary - Office Supplies								
City Columbus		State OH		Zip Code 43206		Check Number 1028						
To Whom Paid Triumph Communications						M	D	Y	Amount			
						0	5	0	9	0	6	1,500.00
Address 1480 Dublin Rd				Purpose Media Buy								
City Columbus		State OH		Zip Code 43215		Check Number 1029						
To Whom Paid US Postmaster						M	D	Y	Amount			
						0	5	1	0	0	6	117.00
Address Main Post Office - Twin Rivers				Purpose Postage								
City Columbus		State OH		Zip Code 43215		Check Number 1030						
To Whom Paid M David Brown						M	D	Y	Amount			
						0	5	1	0	0	6	1,500.00
Address 770 City Park Ave				Purpose Campaign Consultant								
City Columbus		State OH		Zip Code 43206		Check Number 1031						
To Whom Paid Clever Girl Creative						M	D	Y	Amount			
						0	5	1	1	0	6	160.00
Address 1047 Bryden Rd #2				Purpose Graphic Design								
City Columbus		State OH		Zip Code 43205		Check Number 1032						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Frank Macke for Judge Committee							
To Whom Paid M David Brown				M	D	Y	Amount
				0	5	1	92.30
Address 770 City Park Ave		Purpose Office Supplies					
City Columbus	State O	H	Zip Code 43206	Check Number 1033			
To Whom Paid U S Postmaster				M	D	Y	Amount
				0	5	3	156.00
Address Main Post Office - Twin Rivers		Purpose Postage					
City Columbus	State O	H	Zip Code 43215	Check Number 1035			
To Whom Paid				M	D	Y	Amount
Address							
City							
To Whom Paid				M	D	Y	Amount
Address							
City							
To Whom Paid				M	D	Y	Amount
Address							
City							
To Whom Paid				M	D	Y	Amount
Address							
City							
To Whom Paid				M	D	Y	Amount
Address							
City							

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Frank Macke for Judge Committee										
To Whom Paid Germania Gessang und Sportwein				M	D	Y	Amount			
				0	4	2	0	0	6	940.16
Address 543 S Front St			Purpose Fundraiser Location							
City Columbus		State O H	Zip Code 43215-5626		Check Number 1024					
To Whom Paid				M	D	Y	Amount			
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address			Purpose							
City		State	Zip Code		Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Frank Macke for Judge Committee							
To Whom Paid Arena Grand Theater				M	D	Y	Amount 1,000.00
Address 175 W Nationwide Blvd		Purpose Fundraiser Auditorium					
City Columbus		State O H	Zip Code	Check Number 1025			
To Whom Paid M David Brown				M	D	Y	Amount 58.34
Address 770 City Park Ave		Purpose Fundraiser supplies					
City Columbus		State O H	Zip Code 43206	Check Number 1034			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Frank Macke for Judge Committee													
From Whom Received Frank Macke								Prior Amount 2,600.00		Amt. Incurred this Period 20,000.00			
Address 370 E Cook Rd										Outstanding Balance 22,600.00			
City Columbus		State OH	Zip Code 43214		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
010606		0	1	0	6	0	6	0	6	0	8	0	6
Registration Number, if PAC													
Employer/Occupation/Labor Organization* Self - Attorney at Law													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 2,600.00
- 2 Total received this period \$ 20,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 22,600.00 (To Form No. 30-A)