

FILED

Ohio Campaign Finance Report

06 APR 19 PM 12:15

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee White for Judge Committee							Registration Number: PAC		
Full Name of Candidate Angela Phelps White									
Street Address 4333 Reed Road					Office Sought FCCP Judge			District	
City Columbus					State O H		Zip Code 43220		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
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	D	Y
					0 5 0 2 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	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 2,795.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 2,795.00
5. Total monetary expenditures (From Form No. 31-B)	\$
6. Balance on hand (line 4 minus line 5)	\$ 2,795.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
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

Karen Held Phipps Deputy Treasure
Print Name and Title (Treasurer and Deputy Treasurer only)

Karen Held Phipps
Signature

April 18 2006
Date

Contribution
pages 6

Expenditure
pages 0

Other
pages 1

Total
pages 7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee							
Full Name of Contributor Kathleen H. Ayres					Registration Number, if PAC		
Street Address 6320 State Route 136		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hillsboro	State O H	Zip Code 45133	M 0	D 3	Y 1	Amount 500.00	
Full Name of Contributor Tracey M. Lovitt					Registration Number, if PAC		
Street Address 3445 Creek Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cincinnati	State O H	Zip Code 45241	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Total contributions from Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0	D 3	Y 2	Amount 2,195.00	
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	

* 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)]

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 Thomas Waldeck (court appointed)				Registration Number, if PAC	
Street Address 1027 Peggy's Cove		Employer/Occupation/Labor Organization*		M D Y 0 3 1 8 0 6	Amount 150.00
City Reynoldsburg	State O H	Zip Code 43068		Form(Cash, Check, etc) check	
Full Name of Contributor Robert Stinner				Registration Number, if PAC	
Street Address 355 W. South Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 0 6	Amount 35.00
City Worthington	State O H	Zip Code 43085		Form(Cash, Check, etc) cash	
Full Name of Contributor Roger Koeck (court appointed)				Registration Number, if PAC	
Street Address 772 S. Front Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 0 6	Amount 35.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) cash	
Full Name of Contributor Nathan Akamine (court appointed)				Registration Number, if PAC	
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 0 6	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) cash	
Full Name of Contributor Lumumba Toure McCord (court appointed)				Registration Number, if PAC	
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 0 6	Amount 40.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) cash	
Full Name of Contributor Rober F. Krapenc (court appointed)				Registration Number, if PAC	
Street Address 601 S. High Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) cash	
Full Name of Contributor Kyle Hunter (court appointed)				Registration Number, if PAC	
Street Address 601 S. High Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 0 6	Amount 40.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) cash	

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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
2,195.00

Total expenditures this event
0.00

Page Total \$ 450.00

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 Woody Fox, Sr.				Registration Number, if PAC			
Street Address 211 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	3	23	
				Form(Cash, Check, etc) cash		35.00	
Full Name of Contributor Woody Fox, Jr.				Registration Number, if PAC			
Street Address 10575 Duncan Plain Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Johnstown		State O H	Zip Code 43031	0	3	23	
				Form(Cash, Check, etc) cash		35.00	
Full Name of Contributor Michael McCord (court appointed)				Registration Number, if PAC			
Street Address 786 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	3	23	
				Form(Cash, Check, etc) cash		40.00	
Full Name of Contributor Frederick Benton (court appointed)				Registration Number, if PAC			
Street Address 386 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	3	23	
				Form(Cash, Check, etc) cash		100.00	
Full Name of Contributor Guy Reece				Registration Number, if PAC			
Street Address 7191 Keystone Ranch Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Blacklick		State O H	Zip Code 43004-9816	0	3	23	
				Form(Cash, Check, etc) check		200.00	
Full Name of Contributor J. Scott Weisman (court appointed)				Registration Number, if PAC			
Street Address 965 Birchmont Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43220	0	3	23	
				Form(Cash, Check, etc) check		100.00	
Full Name of Contributor Thomas F. Charlesworth (court appointed)				Registration Number, if PAC			
Street Address 5744 Concord Hill Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43213	0	3	23	
				Form(Cash, Check, etc) check		50.00	

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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
2,195.00

Total expenditures this event
0.00

Page Total \$ 560.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
White for Judge Committee			
Full Name of Contributor William Ireland (court appointed)		Registration Number, if PAC	
Street Address 1227 Oxley Road	Employer/Occupation/Labor Organization*	M D Y 0 3 2 3 0 6	Amount 35.00
City Columbus	State Zip Code O H 43212	Form(Cash, Check, etc) check	
Full Name of Contributor Richard B. Parry Co. L.P.A. (court appointed)		Registration Number, if PAC	
Street Address 6194 Busch Blvd., Ste. 152	Employer/Occupation/Labor Organization*	M D Y 0 3 2 3 0 6	Amount 35.00
City Columbus	State Zip Code O H 43229	Form(Cash, Check, etc) check	
Full Name of Contributor Douglas a. Funkhouser (court appointed)		Registration Number, if PAC	
Street Address 1560 Vanelm Street	Employer/Occupation/Labor Organization*	M D Y 0 3 2 3 0 6	Amount 100.00
City Columbus	State Zip Code O H 43228	Form(Cash, Check, etc) check	
Full Name of Contributor Stephen D. Dehnart (court appointed)		Registration Number, if PAC	
Street Address 129 Hillcrest Dr.	Employer/Occupation/Labor Organization*	M D Y 0 3 2 3 0 6	Amount 35.00
City Westerville	State Zip Code O H 43080	Form(Cash, Check, etc) check	
Full Name of Contributor Charles W. McGowan (court appointed)		Registration Number, if PAC	
Street Address 601 S. High Street	Employer/Occupation/Labor Organization*	M D Y 0 3 2 3 0 6	Amount 50.00
City Columbus	State Zip Code O H 43215	Form(Cash, Check, etc) check	
Full Name of Contributor Steve Larson (court appointed)		Registration Number, if PAC	
Street Address 518 N. Park St.	Employer/Occupation/Labor Organization*	M D Y 0 3 2 3 0 6	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash, Check, etc) Money Order	
Full Name of Contributor Lou Friscoe (court appointed)		Registration Number, if PAC	
Street Address 518 N. Park St.	Employer/Occupation/Labor Organization*	M D Y 0 3 2 3 0 6	Amount 35.00
City Columbus	State Zip Code O H 43215	Form(Cash, Check, etc) check	

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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
2,195.00

Total expenditures this event
0.00

Page Total \$ 390.00

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 David L. Kentner (court appointed)				Registration Number, if PAC	
Street Address 1175 Glenn Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State O H	Zip Code 43212	0 3 2 3 0 6	35.00
Form(Cash, Check, etc) check					
Full Name of Contributor Thomas D. Beal (court appointed)					
Street Address 755 S. High St.				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43206	M D Y 0 3 2 3 0 6	Amount 35.00
Form(Cash, Check, etc) check					
Full Name of Contributor Mark M Hunt (court appointed)					
Street Address 755 S. High St.				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43206	M D Y 0 3 2 3 0 6	Amount 35.00
Form(Cash, Check, etc) check					
Full Name of Contributor Diane Worthington (court appointed)					
Street Address 706 Aldengate Drive				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43085	M D Y 0 3 2 3 0 6	Amount 100.00
Form(Cash, Check, etc) check					
Full Name of Contributor Brian Rigg (court appointed)					
Street Address 755 S. High St.				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43206	M D Y 0 3 2 3 0 6	Amount 100.00
Form(Cash, Check, etc) check					
Full Name of Contributor Nigh & Zeidan LLC (court appointed)					
Street Address 536 S. High Street				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43215	M D Y 0 3 2 3 0 6	Amount 70.00
Form(Cash, Check, etc) check					
Full Name of Contributor Javier H. Armengau (court appointed)					
Street Address 857 South High Street				Registration Number, if PAC	
City Columbus		State O H	Zip Code 43206	M D Y 0 3 2 3 0 6	Amount 300.00
Form(Cash, Check, etc) check					

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Total contributions this event
2.195.00

Total expenditures this event
0.00

Page Total \$ **675.00**

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 Alissa Holfinger (court appointed)				Registration Number, if PAC					
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City Columbus		State O H	Zip Code 43215	0	3	23	06	35.00	
Form(Cash, Check, etc) check									
Full Name of Contributor Law Office of Joy L. Marshall, Esq. (court appointed)									
Street Address 336 S. High Street				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	3	23	06	35.00	
Form(Cash, Check, etc) check									
Full Name of Contributor Edwin Malek									
Street Address 1227 South High Street				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43206	0	3	23	06	50.00	
Form(Cash, Check, etc) check									
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
Form(Cash, Check, etc)									
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
Form(Cash, Check, etc)									
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
Form(Cash, Check, etc)									
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
Form(Cash, Check, etc)									
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code						
Form(Cash, Check, etc)									

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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
2,195.00

Total expenditures this event
0.00

Page Total \$ 120.00