

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 Michael G. Long				Registration Number, if PAC	
Street Address 3449 River Seine St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 4 0 6
City Columbus	State O	Zip Code 43221	Form (Cash, Check, etc.) check		Amount 200.00
Full Name of Contributor Mary Ellen Fairfield				Registration Number, if PAC	
Street Address 3820 Lyon Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 4 0 6
City Columbus	State O	Zip Code 43220	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Chris J. North				Registration Number, if PAC	
Street Address 10499 Riverside Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 4 0 6
City Powell	State O	Zip Code 43065	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Nelson D. Cary				Registration Number, if PAC	
Street Address 4629 Bridle Path Lane	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 4 0 6
City Dublin	State O	Zip Code 43017	Form (Cash, Check, etc.) check		Amount 25.00
Full Name of Contributor Portman, Foley & Flint LLP				Registration Number, if PAC	
Street Address 471 E. Broad St., Ste 1820	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 4 0 6
City Columbus	State O	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 150.00
Full Name of Contributor Porter, Wright, Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 5 0 6
City Columbus	State O	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 300.00
Full Name of Contributor Christopher J. Minnillo				Registration Number, if PAC	
Street Address 1500 W. Third Ave., Ste. 400	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1 8 0 6
City Columbus	State O	Zip Code 43212	Form (Cash, Check, etc.) check		Amount 100.00

* 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)]

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 \$ 975.00