

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 2/25/15

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Name of Committee in Full Woods for Judge Committee					
Full Name of Contributor Vassy Law Office **				Registration Number, if PAC	
Street Address 145 East Rich Street, 2nd Fl.		Employer/Occupation/Labor Organization *		M   D   Y 0   2   2   5   1   5	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Jerry Todaro				Registration Number, if PAC	
Street Address 300 West Spruce Street		Employer/Occupation/Labor Organization *		M   D   Y 0   2   2   5   1   5	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) cash	
Full Name of Contributor Charles C. Warner				Registration Number, if PAC	
Street Address 145 East South Street		Employer/Occupation/Labor Organization *		M   D   Y 0   2   2   5   1   5	Amount \$100.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Nancy K. Wonnell **				Registration Number, if PAC	
Street Address 336 South High Street		Employer/Occupation/Labor Organization *		M   D   Y 0   2   2   5   1   5	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Zeiger, Tigges & Little LLP				Registration Number, if PAC	
Street Address 41 South High St., Suite 3500		Employer/Occupation/Labor Organization *		M   D   Y 0   2   2   5   1   5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *		M   D   Y	Amount
City		State OH	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 OH	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 also 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

\$2,450.00

Total expenditures this event.

\$120.75

Page Total \$ 900.00