

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Woods for Judge Committee					
Full Name of Contributor Johnny E. Brown				Registration Number, if PAC	
Street Address 106 North High Street, Apt. 604		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Douglas E. Hoover, Attorney at Law Office Account				Registration Number, if PAC	
Street Address 6660 North High Street, Suite 2E		Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jeanne Melvin				Registration Number, if PAC	
Street Address 866 Beech Drive		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mark D. Senff				Registration Number, if PAC	
Street Address 6435 Meadowbrook Circle		Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Sexton				Registration Number, if PAC	
Street Address 984 Highland Street		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43201	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jeanine D. Michael				Registration Number, if PAC	
Street Address 7719 Richens Drive		Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Gerald Duane Welsh				Registration Number, if PAC	
Street Address 3792 Blue Water Court		Employer/Occupation/Labor Organization*		M 0	D 7
City Powell		State OH	Zip Code 43065	Y 2	Amount \$150.00
				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 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 850.00