

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Woods for Judge Committee					
Full Name of Contributor Paley for Columbus				Registration Number, if PAC	
Street Address 545 East Town Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 0414
			Amount \$100.00		
Full Name of Contributor Kegler, Brown, Hill & Ritter, PAC				Registration Number, if PAC CP648	
Street Address 65 East State Street, Ste. 1800		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 1914
			Amount \$250.00		
Full Name of Contributor Samuel H. Shamansky Co. LPA				Registration Number, if PAC	
Street Address 523 South Third Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 2	Y 0615
			Amount \$750.00		
Full Name of Contributor Stanley Dritz				Registration Number, if PAC	
Street Address 400 South Fifth Street, Ste. 303		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43215	M 0	D 3	Y 0215
			Amount \$100.00		
Full Name of Contributor Michael H. Gertner				Registration Number, if PAC	
Street Address 175 South Third Street, Ste. 505		Employer/Occupation/Labor Organization* Gertner & Gertner		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 2	Y 2611
			Amount \$100.00		
Full Name of Contributor Taft, Stettinius & Hollister Better Government Fund				Registration Number, if PAC OH1146	
Street Address 425 Walnut Street, Suite 1800		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Cincinnati	State OH	Zip Code 45202	M 0	D 3	Y 0215
			Amount \$300.00		
Full Name of Contributor Gregg R. Lewis **				Registration Number, if PAC	
Street Address 625 City Park Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43206	M 0	D 2	Y 2715
			Amount \$125.00		
Full Name of Contributor Total Contributions from Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M 0	D 2	Y 1915
			Amount \$1,275.00		

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$3,000.00