

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 Lorraine Alpers				Registration Number, if PAC	
Street Address 8335 Valor Road, Unit H		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Evelyn I. Andrews				Registration Number, if PAC	
Street Address 759 Ashler Court		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$30.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mildred E. Asmus				Registration Number, if PAC	
Street Address 850 Bluffview Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda S. Bosserman				Registration Number, if PAC	
Street Address 1125 Clubview Blvd. South		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$25.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael M. Van Buskirk				Registration Number, if PAC	
Street Address 4043 Easton Way		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carolyn T. Casper				Registration Number, if PAC	
Street Address 2545 Northwest Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$50.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher M. Cooper **				Registration Number, if PAC	
Street Address 286 Marjoram Dr.		Employer/Occupation/Labor Organization* Atty; Cooper & Pennington		M D Y 0 3 2 7 1 4	Amount \$100.00
City Gahanna		State OH	Zip Code 43230	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

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Total expenditures this event.

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Page Total \$ **\$505.00**