

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

|  |  |  |  |  |  |             |   |                   |                   |                      |   |
|--|--|--|--|--|--|-------------|---|-------------------|-------------------|----------------------|---|
| Name of Committee in Full<br>Woods for Judge Committee         |  |  |  |  |  |             |   |                   |                   |                      |   |
| To Whom Paid<br>William H. Woods                               |  |  |  |  |  | M           | D | Y                 | Amount<br>\$50.00 |                      |   |
| Address<br>1022 Blind Brook Drive                              |  |  |  |  |  | 1           | 0 | 0                 | 9                 | 1                    | 4 |
| Purpose<br>mailchimp mass e-mail for 10/9/14 fundraising event |  |  |  |  |  |             |   |                   |                   |                      |   |
| City<br>Columbus   |  |  |  |  |  | State<br>OH |   | Zip Code<br>43235 |                   | Check Number<br>1037 |   |
| To Whom Paid   |  |  |  |  |  | M           | D | Y                 | Amount            |                      |   |
| Address  |  |  |  |  |  | Purpose     |   |                   |                   |                      |   |
| City   |  |  |  |  |  | State       |   | Zip Code          |                   | Check Number         |   |
| To Whom Paid   |  |  |  |  |  | M           | D | Y                 | Amount            |                      |   |
| Address  |  |  |  |  |  | Purpose     |   |                   |                   |                      |   |
| City   |  |  |  |  |  | State       |   | Zip Code          |                   | Check Number         |   |
| To Whom Paid   |  |  |  |  |  | M           | D | Y                 | Amount            |                      |   |
| Address  |  |  |  |  |  | Purpose     |   |                   |                   |                      |   |
| City   |  |  |  |  |  | State       |   | Zip Code          |                   | Check Number         |   |
| To Whom Paid   |  |  |  |  |  | M           | D | Y                 | Amount            |                      |   |
| Address  |  |  |  |  |  | Purpose     |   |                   |                   |                      |   |
| City   |  |  |  |  |  | State       |   | Zip Code          |                   | Check Number         |   |
| To Whom Paid   |  |  |  |  |  | M           | D | Y                 | Amount            |                      |   |
| Address  |  |  |  |  |  | Purpose     |   |                   |                   |                      |   |
| City   |  |  |  |  |  | State       |   | Zip Code          |                   | Check Number         |   |
| To Whom Paid   |  |  |  |  |  | M           | D | Y                 | Amount            |                      |   |
| Address  |  |  |  |  |  | Purpose     |   |                   |                   |                      |   |
| City   |  |  |  |  |  | State       |   | Zip Code          |                   | Check Number         |   |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.