

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Woods for Judge Committee						
Full Name of Contributor Brotherhood of Locomotive Engineers and Trainmen PAC Fund					Registration Number, if PAC C-00099234	
Street Address 1370 Ontario Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cleveland	State OH	Zip Code 44113	M 1	D 0	Y 2	Amount \$150.00
Full Name of Contributor Bradley Hummel					Registration Number, if PAC	
Street Address 2101 Elgin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2	Amount \$100.00
Full Name of Contributor Elizabeth A. Reed					Registration Number, if PAC	
Street Address 2330 Asbury Chapel Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Zanesville	State OH	Zip Code 43701	M 1	D 0	Y 2	Amount \$50.00
Full Name of Contributor Joel H. Mirman					Registration Number, if PAC	
Street Address 1200 Grandview Ave., Unit 204		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	M 1	D 0	Y 2	Amount \$100.00
Full Name of Contributor Lorraine Latek					Registration Number, if PAC	
Street Address 856 Angus Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 2	Amount \$50.00
Full Name of Contributor K. Sue Foley					Registration Number, if PAC	
Street Address 4898 Sharon Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2	Amount \$50.00
Full Name of Contributor Daniel K. Friend					Registration Number, if PAC	
Street Address 71 Westwood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 1	D 1	Y 0	Amount \$25.00
Full Name of Contributor Abigail H. Frye					Registration Number, if PAC	
Street Address 300 Seaport Lane, #1219		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Mount Pleasant	State SC	Zip Code 29464	M 1	D 0	Y 2	Amount \$50.00

* 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)]