

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 Mary S. Duffey			Registration Number, if PAC	
Street Address 4740 Hayden Run Road	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 4	Amount \$250.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Nancy D. Edwards			Registration Number, if PAC	
Street Address 1953 Marblecliff Crossing Court	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check	
Full Name of Contributor Ruth A. Farthing			Registration Number, if PAC	
Street Address 602 East Weisheimer Road	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Karen S. Foley			Registration Number, if PAC	
Street Address 4898 Sharon Avenue	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Marna M. Gutman			Registration Number, if PAC	
Street Address 4517 Rosemont Place	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Catherine S. Logsdon			Registration Number, if PAC	
Street Address 175 West Weisheimer Road	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor James B. Logsdon			Registration Number, if PAC	
Street Address 244 Overbrook Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43214	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

Total expenditures this event.

\$1,000.00

\$0.00

Page Total \$ 1,000.00