Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Woods for Judge Committee	•			
Full Name of Contributor			Registration Number, if PAC	
R. Douglas Wrightsel				-
Street Address 1851 Jewett Road	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) check
City Powell	State OH	Zip Code 43065	0 9 0 2 1 4	Amount \$200.00
ıll Name of Contributor Registration Number, if			AC .	
Katherine Kuck				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
4880 Harlem Road				check
City	State	Zip Code	MPN	Amount
Galena	OH	43021	092914	\$25.00
Full Name of Contributor Registration Angela Wilkerson			Registration Number, if F	AC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1362 Gage Street				cash
City Columbus	State OH	Zip Code 43240	0 9 2 9 1 4	Amount \$25.00
Full Name of Contributor			Registration Number, if F	PAC
Sandra R. Byers				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
139 Saint Julien Street				check
City Worthington	State OH	Zip Code 43085	1 0 0 5 1 4	\$50.00
Full Name of Contributor Registration Number, if PAC Kimberly J. Maggard				
Street Address	Employer/Occu	pation/Labor Organization	· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
600 Link Road		_		check
City	State	Zip Code	M D Y 4	Amount
Whitehall	OH _.	43213		\$50.00
Full Name of Contributor James W. Stofer Registration Number, if PAC				
Street Address 1034 Blind Brook Drive	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check
City	State	Zip Code	M D Y 1	Amount
Columbus	ОН	43235	M Q Y 1 D D 5 1 4	\$100.00
Full Name of Contributor Registration Number, if I				PAC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
90 Glen Drive				check
City Worthington	State OH	Zip Code 43085	0 9 1 3 1 4	Amount \$50.00
Full Name of Contributor James Bishop	· · · · · · · · · · · · · · · · · · ·		Registration Number, if I	PAC
Street Address	Employer/Occi	upation/Labor Organization	<u> </u>	Form (Cash, Check, etc.)
397 West Seventh Ave.				credit card
City	State	Zip Code	MEDY	Amount
Columbus	OH	43201	1 0 1 0 1 4	\$50.00

Page Total \$550.00

^{*} 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)]