

# 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 John B. Valasco			Registration Number, if PAC	
Street Address 256 Autumn Leaf Court	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$50.00
Full Name of Contributor Frederick A. Vierow			Registration Number, if PAC	
Street Address 6870 Haymore Avenue West	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$100.00
Full Name of Contributor Kristin Whitaker			Registration Number, if PAC	
Street Address 5179 Darry Lane	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43016	Y 1	Amount \$25.00
Full Name of Contributor Jean M. Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth Drive	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$25.00
Full Name of Contributor Linda M. Wood			Registration Number, if PAC	
Street Address 763 Autumn Branch Road	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$100.00
Full Name of Contributor Marie H. Woods			Registration Number, if PAC	
Street Address 4590 Knightsbridge Blvd., Apt. 103	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43214	Y 1	Amount \$1,000.00
Full Name of Contributor Zane Zwyer			Registration Number, if PAC	
Street Address 164 Powell Street	Employer/Occupation/Labor Organization*		M 0	D 3
City Ashville	State OH	Zip Code 43103	Y 1	Amount \$10.00

\* 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)]

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.

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Page Total \$ 1,310.00