

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|-------------|-------------------|--|--|---|---|---|----------|
| Name of Committee in Full Woods for Judge Committee | | | | | | | | | |
| To Whom Paid Mary Woods | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 3 | 0 | \$120.75 |
| Address 1022 Blind Brook Drive | | | | Purpose Cafe Napolitana - food/beverages 2/25/15 fundraiser | | | | | |
| City Columbus | | State OH | Zip Code 43235 | Check Number 1051 | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | Zip Code | Check Number | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | 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.