

# 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 Joseph L. Mas **				Registration Number, if PAC	
Street Address 330 South High Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Full Name of Contributor John C. McDonald				Registration Number, if PAC	
Street Address 250 West Street, P. O. Box 165020		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43216	Y 2	Amount \$200.00
Full Name of Contributor D. Brent Mulgrew				Registration Number, if PAC	
Street Address 1720 Fishinger Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$400.00
Full Name of Contributor Janet M. Pfeiffer				Registration Number, if PAC	
Street Address 238 E. Royal Forest Blvd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43214	Y 2	Amount \$600.00
Full Name of Contributor Plymale & Dingus, LLC (Operating Account) **				Registration Number, if PAC	
Street Address 250 Civic Center Dr., Suite 600		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
Full Name of Contributor Frank A. Ray				Registration Number, if PAC	
Street Address 2747 Edington Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$250.00
Full Name of Contributor Michael R. Szolosi, Sr.				Registration Number, if PAC	
Street Address 2692 Andover Road		Employer/Occupation/Labor Organization*		M 0	D 3
City Upper Arlington		State OH	Zip Code 43221	Y 2	Amount \$250.00

\* 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.

\$0.00

\$0.00

Page Total \$ 2,050.00