

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 C. Woods | | | | M | D | Y | Amount \$56.50 |
| Address 1022 Blind Brook Drive | | | | Purpose High-Beck Tavern-food/beverages for 2/19/15 fundraiser | | | |
| City Columbus | | State OH | Zip Code 43235 | Check Number 1050 | | | |
| 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 | | | |
| 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.

\$56.50
Page Total \$