

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 Kris Banvard				Registration Number, if PAC	
Street Address 6775 Alloway Street W.		Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$500.00
Full Name of Contributor Anita C. Beck				Registration Number, if PAC	
Street Address 6840 Downs Street		Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$50.00
Full Name of Contributor James C. Bieber, O.D.				Registration Number, if PAC	
Street Address 1837 Baldridge Road		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$100.00
Full Name of Contributor Catherine S. Logsdon				Registration Number, if PAC	
Street Address 175 W. Weisheimer Road		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$50.00
Full Name of Contributor Lucretia S. Pollard				Registration Number, if PAC	
Street Address 446 Haymore Ave. N.		Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$25.00
Full Name of Contributor David W. Robinson				Registration Number, if PAC	
Street Address 195 E. Dublin Granville Rd.		Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$100.00
Full Name of Contributor Madeline J. Shaw				Registration Number, if PAC	
Street Address 1213 Leicester Pl.		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$50.00

* 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

\$875.00

Total expenditures this event.

\$0.00

Page Total \$ 875.00