

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 Mary S. Duffey				Registration Number, if PAC	
Street Address 4740 Hayden Run Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$250.00
Full Name of Contributor Stephen C. Fitch				Registration Number, if PAC	
Street Address 885 Robbins Way		Employer/Occupation/Labor Organization*		M 0	D 4
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$250.00
Full Name of Contributor Myron C. Grauer				Registration Number, if PAC	
Street Address 5640 Windwood Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$250.00
Full Name of Contributor Don Gregory				Registration Number, if PAC	
Street Address 6205 Plain City Georgesville Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Plain City		State OH	Zip Code 43064	Y 2	Amount \$300.00
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 535 West First Avenue		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
Full Name of Contributor Jeffrey W. Hutson				Registration Number, if PAC	
Street Address 5220 Lola Way		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$100.00
Full Name of Contributor Sherri Blank Lazear				Registration Number, if PAC	
Street Address 258 North Parkview Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Bexley		State OH	Zip Code 43209	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 \$ 1,450.00