

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 Todd Barstow **				Registration Number, if PAC	
Street Address 616 Monticello Court		Employer/Occupation/Labor Organization*		M 0	D 5
City Pataskala		State OH	Zip Code 43062	Y 1	Amount \$50.00
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 535 West First Avenue		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$35.00
Full Name of Contributor Joseph L. Mas **				Registration Number, if PAC	
Street Address 330 South High Street		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$50.00
Full Name of Contributor Crysta R. Pennington **				Registration Number, if PAC	
Street Address 5515 Wolf Run Drive		Employer/Occupation/Labor Organization*		M 0	D 5
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$100.00
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 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$35.00
Full Name of Contributor Francine C. Ryan				Registration Number, if PAC	
Street Address 125 Frankfort Square		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$35.00
Full Name of Contributor Michael R. Szolosi				Registration Number, if PAC	
Street Address 2692 Andover Road		Employer/Occupation/Labor Organization*		M 0	D 5
City Upper Arlington		State OH	Zip Code 43221	Y 1	Amount \$100.00

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 405.00