

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 Carole DePaola				Registration Number, if PAC	
Street Address 4944 Buck Thorn Lane		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$100.00
Full Name of Contributor Aaron Enfinger				Registration Number, if PAC	
Street Address 7472 Broadwyn Dr.		Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount \$40.00
Full Name of Contributor Karen S. Foley				Registration Number, if PAC	
Street Address 4898 Sharon Avenue		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$125.00
Full Name of Contributor Richard A. Frye				Registration Number, if PAC	
Street Address 1669 Roxbury Road		Employer/Occupation/Labor Organization*		M 0	D 3
City Upper Arlington		State OH	Zip Code 43212	Y 1	Amount \$100.00
Full Name of Contributor Albert A. Gabel				Registration Number, if PAC	
Street Address 7190 Coffman Road		Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$50.00
Full Name of Contributor Dwight E. Garner				Registration Number, if PAC	
Street Address 895 Beech St.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$50.00
Full Name of Contributor David Girves				Registration Number, if PAC	
Street Address 5041 Greensboro Ct.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43220	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

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Total expenditures this event.

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Page Total \$ **\$515.00**