

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 David W. Alexander				Registration Number, if PAC	
Street Address 305 Partridge Bend		Employer/Occupation/Labor Organization*		M 0	D 4
City Powell		State OH	Zip Code 43065	Y 2	Amount \$600.00
Full Name of Contributor Committee For Kim Brown for Judge				Registration Number, if PAC	
Street Address 106 North High St., #604		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
Full Name of Contributor Stephen R. Buchenroth				Registration Number, if PAC	
Street Address 2342 Collins Dr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$250.00
Full Name of Contributor Randolph M. Burley				Registration Number, if PAC	
Street Address 109 Urich Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Pickerington		State OH	Zip Code 43147	Y 2	Amount \$50.00
Full Name of Contributor James C. Carpenter				Registration Number, if PAC	
Street Address 4540 Neiswander Square		Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany		State OH	Zip Code 43054	Y 2	Amount \$150.00
Full Name of Contributor David M. Cohen				Registration Number, if PAC	
Street Address 2614 Jefferson Estates Ct.		Employer/Occupation/Labor Organization*		M 0	D 4
City Blacklick		State OH	Zip Code 43004	Y 2	Amount \$250.00
Full Name of Contributor CPM LAW PAC				Registration Number, if PAC OH1505	
Street Address 366 East Broad Street		Employer/Occupation/Labor Organization* LAW PAC		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 1	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 \$ 1,800.00