

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 Lucretia S. Pollard				Registration Number, if PAC	
Street Address 446 Haymore Avenue North		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard D. Brown Law Office LLC				Registration Number, if PAC	
Street Address 3 South High Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$50.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara Rousey				Registration Number, if PAC	
Street Address 6322 Edgecreek Lane		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$25.00
City Columbus		State OH	Zip Code 43231	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark K. Rutkus				Registration Number, if PAC	
Street Address 5996 Rock Rill Road		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$50.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Madeline J. Shaw				Registration Number, if PAC	
Street Address 1213 Leicester Place		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 844 South Front Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael R. Szolosi, Sr.				Registration Number, if PAC	
Street Address 2692 Andover Road		Employer/Occupation/Labor Organization*		M D Y 0 3 2 6 1 4	Amount \$100.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	

* 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.

--

Page Total \$ **\$425.00**