

# 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 Alan E. Mazur				Registration Number, if PAC	
Street Address 140 East Town Street, Suite 1015		Employer/Occupation/Labor Organization*		M   D   Y 0   6   2   6   1   4	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Steve M. Soltis, Sr.				Registration Number, if PAC	
Street Address 8949 Winston Road		Employer/Occupation/Labor Organization*		M   D   Y 0   6   2   3   1   4	Amount \$250.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) check	
Full Name of Contributor James D. Abrams				Registration Number, if PAC	
Street Address 380 Woodgate Lane		Employer/Occupation/Labor Organization*		M   D   Y 0   6   1   6   1   4	Amount \$100.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor Bailey Cavalieri LLC Operating Account				Registration Number, if PAC	
Street Address 10 West Broad Street, Suite 2100		Employer/Occupation/Labor Organization*		M   D   Y 0   6   3   0   1   4	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Ralph E. Breitfeller				Registration Number, if PAC	
Street Address 987 Montrose Ave.		Employer/Occupation/Labor Organization*		M   D   Y 0   6   3   0   1   4	Amount \$250.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor James C. Carpenter				Registration Number, if PAC	
Street Address 4540 Neiswonder Square		Employer/Occupation/Labor Organization*		M   D   Y 0   6   3   0   1   4	Amount \$125.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert G. Cohen				Registration Number, if PAC	
Street Address 1657 Wingate Drive		Employer/Occupation/Labor Organization*		M   D   Y 0   6   2   7   1   4	Amount \$100.00
City Delaware		State OH	Zip Code 43015	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,125.00