

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

|  |   |                   |                                   |                    |
|--|---|-------------------|-----------------------------------|--------------------|
| Name of Committee in Full<br>Woods for Judge Committee       |   |                   |                                   |                    |
| Full Name of Contributor<br>Beatty for Judge                 |   |                   | Registration Number, if PAC       |                    |
| Street Address<br>545 East Town Street                       | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>1   0   3   1   4    | Amount<br>\$150.00 |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43215 | Form (Cash, Check, etc.)<br>check |                    |
| Full Name of Contributor<br>Law Offices of David A. Bressman |   |                   | Registration Number, if PAC       |                    |
| Street Address<br>4230 Tuller Road, Suite 101                | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>1   0   8   1   4    | Amount<br>\$100.00 |
| City<br>Dublin   | State<br>OH                             | Zip Code<br>43017 | Form (Cash, Check, etc.)<br>check |                    |
| Full Name of Contributor<br>William R. Coil                  |   |                   | Registration Number, if PAC       |                    |
| Street Address<br>124 Hanford Street                         | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>1   0   9   1   4    | Amount<br>\$50.00  |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43206 | Form (Cash, Check, etc.)<br>check |                    |
| Full Name of Contributor<br>Curtis Davis                     |   |                   | Registration Number, if PAC       |                    |
| Street Address<br>584 East Moler                             | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>1   0   9   1   4    | Amount<br>\$50.00  |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43207 | Form (Cash, Check, etc.)<br>cash  |                    |
| Full Name of Contributor<br>Susan Choe                       |   |                   | Registration Number, if PAC       |                    |
| Street Address<br>921 Cherryfield Ave.                       | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>1   0   9   1   4    | Amount<br>\$50.00  |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43235 | Form (Cash, Check, etc.)<br>check |                    |
| Full Name of Contributor<br>Thomas B. Edwards                |   |                   | Registration Number, if PAC       |                    |
| Street Address<br>7878 Zante Court                           | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>1   0   9   1   4    | Amount<br>\$75.00  |
| City<br>Aurora   | State<br>CO                             | Zip Code<br>80016 | Form (Cash, Check, etc.)<br>check |                    |
| Full Name of Contributor<br>Bill Hedrick                     |   |                   | Registration Number, if PAC       |                    |
| Street Address<br>535 West 1st Avenue                        | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>1   0   9   1   4    | Amount<br>\$50.00  |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43215 | Form (Cash, Check, etc.)<br>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.

\$0.00

\$0.00

Page Total \$ 525.00