

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Woods for Judge Committee							
Full Name of Contributor Thomas L. Long						Registration Number, if PAC	
Street Address 2565 Leeds Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221		M 0	D 5	Y 2 2 1 4
						Amount \$600.00	
Full Name of Contributor Ric Simmons						Registration Number, if PAC	
Street Address 3150 Stoney Bridge Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43221		M 0	D 5	Y 3 0 1 4
						Amount \$250.00	
Full Name of Contributor Jodene Scarbrough						Registration Number, if PAC	
Street Address 2790 Alliston Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43220		M 0	D 5	Y 3 0 1 4
						Amount \$50.00	
Full Name of Contributor Edward G. Gallagher						Registration Number, if PAC	
Street Address 1101 Connecticut Ave. NW, Ste. 800			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Washington		State DC	Zip Code 20036		M 0	D 5	Y 2 7 1 4
						Amount \$50.00	
Full Name of Contributor Sara A. Guest						Registration Number, if PAC	
Street Address 851 Stanton Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Carmel		State IN	Zip Code 46033		M 0	D 5	Y 3 0 1 4
						Amount \$100.00	
Full Name of Contributor David V. Guest						Registration Number, if PAC	
Street Address 851 Stanton Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Carmel		State IN	Zip Code 46033		M 0	D 5	Y 3 0 1 4
						Amount \$100.00	
Full Name of Contributor Total Contributions from Form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M 0	D 4	Y 2 3 1 4
						Amount \$5,650.00	
Full Name of Contributor Total Contributions from Form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M 0	D 5	Y 1 3 1 4
						Amount \$545.00	

* 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)]

Page Total \$7,345.00