## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 5/13/14
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Name of Committee in Full			
Woods for Judge Committee			
Full Name of Contributor		Registration Number, if PAC	
G. Gary Tyack			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
381 Loveman Avenue			0 5 1 3 1 4 \$35.00
City	State Zip C		Form (Cash, Check, etc.)
Worthington	OH 430	085	Check
Full Name of Contributor	**		Registration Number, if PAC
Mark Rutkus			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
5996 Rocky Rill Road			0 5 1 3 1 4 \$25.00
City	State Zip C		Form (Cash, Check, etc.) Cash
Columbus Full Name of Contributor	OH 43:	235	Registration Number, if PAC
Sandy Theis			registration number, it fac
Street Address	Employer/Occupation/Labo	or Organization*	M D Y Amount
433 East Whittier St.	Employer/Occupation/Lao	or Organization*	0 5 1 3 1 4 \$80.00
City	State Zip C	ode	Form (Cash, Check, etc.)
Columbus	l I	206	Cash
Full Name of Contributor	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State Zip C	ode	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	Stal te Zip C	ode	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Lab	or Organization*	M D Y Amount
City	Starte Zip C	ode	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
Cim.	Stal te Zip C	ode	Form (Cash, Check, etc.)
City	Stal te Zip C	ouc	Form (Cash, Check, etc.)
* Descriptions from individuals over \$1	00 to statewide and General Assembly	andidates If contribu	utor is self-employed, the occupation and the name of

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

lotai	contributions this event
	1
	\$545.00
ı	1

Total expenditures this event.

\$164.10

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)]