

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Woods for Judge Committee												
To Whom Paid The Columbus Idea Foundry						M 0	D 3	Y 2	Y 7	Y 1	Y 4	Amount \$350.00
Address 1158 Corrugated Way				Purpose venue for 3/27/14 fundraiser								
City Columbus				State OH		Zip Code 43215		Check Number 1001				
To Whom Paid Mary C. Woods						M 0	D 4	Y 0	Y 8	Y 1	Y 4	Amount \$91.85
Address 1022 Blind Brook Drive				Purpose food/beverages for 3/27/14 fundraiser								
City Columbus				State OH		Zip Code 43235		Check Number 1005				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Y	Y	Y	Amount
Address				Purpose								
City				State		Zip Code		Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$441.85
Page Total \$