Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full					
Woods for Judge Committee					
To Whom Paid Square, Inc.			M D Y O 5 2 0 1 4	Amount \$1.38	
Address	Purpose		0 0 12 10 1 14	* *	
1455 Market Street	credit card processing fee				
City	State Zip Code Check Number				
San Francisco	CA	94103	N/A		
To Whom Paid			M D Y	Amount	
Square, Inc.			0 5 3 0 1 4	\$8.26	
Address	Purpose				
1455 Market Street	credit card processing fees				
City San Francisco	State CA	Zip Code 94103	Check Number		
	CA.	34103	N/A	Amount	
To Whom Paid Expenditures from Form 31-F	0 4 2 3 1 4 Amount \$674.64				
Address	Purpose				
City	State	Zip Code	Check Number		
				*	
To Whom Paid Expenditures from Form 31-F			M D Y 0 5 1 3 1 4	Amount \$164.10	
Address	Purpose		<u></u>		
City	State	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
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To Whom Paid			M D Y	Amount	
Address	Purpose				
				:	
City	State	Zip Code	Check Number		
To Whom Paid	_1		M D Y	Amount	
Address	Purpose		* 		
City	State	Zip Code	Check Number		
To Whom Paid	<u>. </u>		M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		