

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Woods for Judge Committee				
Full Name of Contributor Stephen C. Fitch			Registration Number, if PAC	
Street Address 885 Robbins Way	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Abigail H. Frye			Registration Number, if PAC	
Street Address 300 Seaport Lane, #1219	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$50.00
City Mount Pleasant	State SC	Zip Code 29464	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard A. Frye			Registration Number, if PAC	
Street Address 1669 Roxbury Road	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$150.00
City Upper Arlington	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor John Wm. Hoppers			Registration Number, if PAC	
Street Address 575 S. 3rd St.	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Frederick M. Isaac			Registration Number, if PAC	
Street Address 5979 Harlem Road	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor Celia M. Kilgard			Registration Number, if PAC	
Street Address 334 S. 3rd St., Apt. 1	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Dennis Daryl Liston			Registration Number, if PAC	
Street Address 5234 Forest Run Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$200.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 800.00