

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 Jean M. Williams				Registration Number, if PAC	
Street Address 6367 Portsmouth Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$50.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Richanne M. Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar Street		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$50.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc.) check	
Full Name of Contributor Rick Ryan				Registration Number, if PAC	
Street Address 466 Crossings Drive		Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$20.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) cash	
Full Name of Contributor Donald McTigue				Registration Number, if PAC	
Street Address 545 East Town Street		Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 4	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) credit card	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	

* 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

\$555.00

Total expenditures this event.

\$0.00

Page Total \$ 170.00