

# 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 Joseph C. Pickens			Registration Number, if PAC			
Street Address 1404 S. 5th Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) check			
Full Name of Contributor Richard D. Brown Law Office LLC			Registration Number, if PAC			
Street Address 3 South High Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3	Amount \$100.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) check			
Full Name of Contributor Priscilla Roberge			Registration Number, if PAC			
Street Address 372 Cumberland Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3	Amount \$100.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check			
Full Name of Contributor Jodelle D. Scott			Registration Number, if PAC			
Street Address 194 Baranof Dr. W.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1	Amount \$250.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) check			
Full Name of Contributor Roger P. Sugarman			Registration Number, if PAC			
Street Address 6025 Cranberry Ct.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount \$250.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check			
Full Name of Contributor Lawrence D. Walker			Registration Number, if PAC			
Street Address 1300 Nantucket Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check			
Full Name of Contributor Jean M. Williams			Registration Number, if PAC			
Street Address 6367 Portsmouth Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 3	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	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 \$ 925.00