

# 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 Bipender Jindal			Registration Number, if PAC	
Street Address 1401 Ki Place	Employer/Occupation/Labor Organization*		M   D   Y 1   0   9   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) cash	
Full Name of Contributor The Law Offices of Tunney Lee King			Registration Number, if PAC	
Street Address 380 South Fifth Street, Suite 2	Employer/Occupation/Labor Organization*		M   D   Y 1   0   9   1   4	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Karen E. Kostelac			Registration Number, if PAC	
Street Address 155 West Main Street, Apt. 803	Employer/Occupation/Labor Organization*		M   D   Y 1   0   9   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Susan K. Lasley			Registration Number, if PAC	
Street Address 7755 Harriott Road	Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   6   1   4	Amount \$100.00
City Plain City	State OH	Zip Code 43064	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph L. Mas, Attorney at Law**			Registration Number, if PAC	
Street Address 330 South High Street	Employer/Occupation/Labor Organization*		M   D   Y 1   0   9   1   4	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark K. Rulkus			Registration Number, if PAC	
Street Address 5996 Rocky Rill Road	Employer/Occupation/Labor Organization*		M   D   Y 1   0   9   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Steve M. Softis, Sr.			Registration Number, if PAC	
Street Address 8949 Winston Road	Employer/Occupation/Labor Organization*		M   D   Y 1   0   9   1   4	Amount \$100.00
City Pickerington	State OH	Zip Code 43147	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 \$ 550.00