

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 Michael W. McElligott **				Registration Number, if PAC	
Street Address 511 East Jeffrey Place		Employer/Occupation/Labor Organization* Atty.		M 0	D 3
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$50.00
Full Name of Contributor Robert F. Montgomery				Registration Number, if PAC	
Street Address 349 East Park St.		Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville		State OH	Zip Code 43081	Y 1	Amount \$40.00
Full Name of Contributor Newhouse, Prophater, Letcher, & Moots, LLC				Registration Number, if PAC	
Street Address 5025 Arlington Centre Blvd., Suite 400		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$25.00
Full Name of Contributor Sharon A. Oliver				Registration Number, if PAC	
Street Address 4575 Olentangy Blvd.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$25.00
Full Name of Contributor Charlotte A. Penniman				Registration Number, if PAC	
Street Address 4457 Rosemary Pkwy.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$100.00
Full Name of Contributor Debra S. Petit				Registration Number, if PAC	
Street Address 3735 Sheldon Place		Employer/Occupation/Labor Organization*		M 0	D 3
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$25.00
Full Name of Contributor Richard C. Pfeiffer, Jr.				Registration Number, if PAC	
Street Address 238 East Royal Forest Blvd.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$600.00

* 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

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Total expenditures this event.

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Page Total \$ 865.00