

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 Norman Q. Anderson			Registration Number, if PAC	
Street Address 295 Stewart Street	Employer/Occupation/Labor Organization*		M D Y 0 2 19 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert J. Behal			Registration Number, if PAC	
Street Address 2531 Brentwood Road	Employer/Occupation/Labor Organization*		M D Y 0 2 18 1 5	Amount \$150.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Kris Dawley			Registration Number, if PAC	
Street Address 2581 Brentwood Road	Employer/Occupation/Labor Organization*		M D Y 0 2 17 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Law Office of Thomas F. Hayes **			Registration Number, if PAC	
Street Address 65 East Livingston Avenue	Employer/Occupation/Labor Organization*		M D Y 0 2 18 1 5	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor John P. Johnson Law Office LLC			Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization*		M D Y 0 2 19 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Roger M. Koeck **			Registration Number, if PAC	
Street Address 6257 Emberwood Road	Employer/Occupation/Labor Organization*		M D Y 0 2 19 1 5	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Steven Larson **			Registration Number, if PAC	
Street Address 4967 Smoketalk Lane	Employer/Occupation/Labor Organization*		M D Y 0 2 19 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43081	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