

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 Frank A. Ray			Registration Number, if PAC			
Street Address 2747 Edington Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount \$250.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Carpenter Lipps & Leland LLP			Registration Number, if PAC			
Street Address 280 North High Street, Suite 1300	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Robert D. Marotta			Registration Number, if PAC			
Street Address 2294 Club Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount \$250.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Michael R. Szolosi, Sr.			Registration Number, if PAC			
Street Address 2692 Andover Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount \$150.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Robert Weisman			Registration Number, if PAC			
Street Address 7277 Pennyroyal Place	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount \$500.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check			
Full Name of Contributor Sally Bloomfield			Registration Number, if PAC			
Street Address 3741 Romnay Road	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount \$200.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) credit card			
Full Name of Contributor Isaac Wiles Burkholder & Teetor, LLC (The Isaac Wiles Political Action Committee)			Registration Number, if PAC CP-1058			
Street Address 2 Miranova Place, Suite 700	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	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 \$ 2,850.00