

# 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 Cheryl Berndt			Registration Number, if PAC	
Street Address 1051 Bluff Vista Drive	Employer/Occupation/Labor Organization*		M   D   Y 0   9   13   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Ann G. Dreher			Registration Number, if PAC	
Street Address 1733 Jewett Road	Employer/Occupation/Labor Organization*		M   D   Y 0   9   13   1   4	Amount \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) check	
Full Name of Contributor Janet A. Giacobbe			Registration Number, if PAC	
Street Address 5653 Glenbervie Court	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   1   1   4	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Colleen W. Gotherman			Registration Number, if PAC	
Street Address 5667 Glenbervie Court	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   1   1   4	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Irene A. Heiberger			Registration Number, if PAC	
Street Address 4595 Shires Court	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   1   1   4	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Denise Franz King			Registration Number, if PAC	
Street Address 170 South Riverview Street	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   1   1   4	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Becky A. Palmer			Registration Number, if PAC	
Street Address 6197 Abbotsford Drive	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   4   1   4	Amount \$50.00
City Dublin	State OH	Zip Code 43017	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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 450.00