

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 Melonie L. Buller			Registration Number, if PAC	
Street Address 1116 Baumock Burn Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Carole DePaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Lane	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Dwight E. Garner			Registration Number, if PAC	
Street Address 895 Beech Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara A. Herman			Registration Number, if PAC	
Street Address 504 South Lazelle Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$10.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor W. Colleen Ogle			Registration Number, if PAC	
Street Address 1669 Roxbury Road	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Priscilla Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark A. Sutter			Registration Number, if PAC	
Street Address 634 Mohawk Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 4	Amount \$25.00
City Columbus	State OH	Zip Code 43206	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 \$ 385.00