

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 Jo Kaiser **				Registration Number, if PAC	
Street Address 389 Library Park Court		Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 5	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Kohrman Jackson & Krantz PLL PAC				Registration Number, if PAC OH1341	
Street Address 1375 East Ninth Street, 20th Floor		Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 5	Amount \$250.00
City Cleveland		State OH	Zip Code 44114	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph L. Mas, Attorney at Law **				Registration Number, if PAC	
Street Address 330 South High Street		Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 5	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael W. McElligott **				Registration Number, if PAC	
Street Address 511 East Jeffrey Place		Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 5	Amount \$50.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Portman and Foley LLP				Registration Number, if PAC	
Street Address 766 Northwest Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 5	Amount \$100.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Roth Law Group, LLC **				Registration Number, if PAC	
Street Address 24 North High St., Suite 301		Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 5	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Gordon P. Shuler, Attorney at Law				Registration Number, if PAC	
Street Address 145 East Rich Street		Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 5	Amount \$100.00
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 \$ 700.00
