

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 Jessica A. Mager			Registration Number, if PAC	
Street Address 7580 Park Bend Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$25.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor James V. Maniace (Tax Account)			Registration Number, if PAC	
Street Address 155 W. Main St., Apt. 605	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 4	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 E. Jeffrey Place	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Timothy P. Nagy			Registration Number, if PAC	
Street Address 1075 Brookhouse Lane	Employer/Occupation/Labor Organization*		M D Y 0 6 1 6 1 4	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	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 6 3 0 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph M. Patchen			Registration Number, if PAC	
Street Address 288 Winthrop Road	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	Amount \$400.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Craig B. Paynter			Registration Number, if PAC	
Street Address 196 S. Grant Ave., #602	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 1 4	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 \$ 925.00