

# 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 Jean M. Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth Drive	Employer/Occupation/Labor Organization*		M 1   0   0   9   1   4	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Debra S. Petit			Registration Number, if PAC	
Street Address 3735 Sheldon Place	Employer/Occupation/Labor Organization*		M 1   0   0   9   1   4	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Lucretia S. Pollard			Registration Number, if PAC	
Street Address 446 Haymore Ave. N.	Employer/Occupation/Labor Organization*		M 1   0   0   9   1   4	Amount \$25.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Priscilla A. Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Drive	Employer/Occupation/Labor Organization*		M 1   0   0   9   1   4	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Brian P. Rothenberg			Registration Number, if PAC	
Street Address 5737 Barry Trce	Employer/Occupation/Labor Organization*		M 1   0   0   9   1   4	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Zach Scott for Sheriff			Registration Number, if PAC	
Street Address 545 East Town Street	Employer/Occupation/Labor Organization*		M 1   0   0   8   1   4	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Don McTigue			Registration Number, if PAC	
Street Address 545 East Town Street	Employer/Occupation/Labor Organization*		M 1   0   1   0   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) credit card	

\* 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

\$1,525.00

Total expenditures this event.

\$50.00

Page Total \$ 450.00