

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 Mary Jane Boyer				Registration Number, if PAC	
Street Address 4398 Crimson Maple Lane		Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 4	Amount \$25.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee				Registration Number, if PAC OH821	
Street Address 100 South Third Street		Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Janet A. Grubb				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 4	Amount \$150.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Kristin Whitaker				Registration Number, if PAC	
Street Address 5179 Darry Lane		Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 4	Amount \$30.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) cash	
Full Name of Contributor Michael J. Johrendt, Partner				Registration Number, if PAC	
Street Address 250 East Broad Street, Suite 200		Employer/Occupation/Labor Organization* Johrendt & Holford		M D Y 0 9 0 9 1 4	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Kimberly Cocroft				Registration Number, if PAC	
Street Address 988 Wellington Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) credit card	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	

* 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.

\$655.00

\$60.00

Page Total \$ 655.00