

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 Colleen Woods Gotherman				Registration Number, if PAC	
Street Address 5667 Glenbervie Ct.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor John E. Gotherman				Registration Number, if PAC	
Street Address 5667 Glenbervie Ct.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 535 West First Ave.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Maryann Heil				Registration Number, if PAC	
Street Address 124 Hanford St.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$25.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda K. Gunther				Registration Number, if PAC	
Street Address 40 West Stafford Ave.		Employer/Occupation/Labor Organization*		M D Y 0 3 3 0 1 4	Amount \$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor David K. Hull				Registration Number, if PAC	
Street Address 5689 Strathmore Lane		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$50.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey D. Mackey				Registration Number, if PAC	
Street Address 1538 Melrose Ave.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 7 1 4	Amount \$50.00
City Columbus		State OH	Zip Code 43224	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

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Total expenditures this event.

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Page Total \$ **\$400.00**