

# 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 Abraham Law Offices **				Registration Number, if PAC		
Street Address 24 North High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 25	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Abe Bahgat **				Registration Number, if PAC		
Street Address 338 South High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 25	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Dustin M. Blake Co., LLC **				Registration Number, if PAC		
Street Address 580 South High St., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 2	Y 25	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Sallynda Rothchild Dennison **				Registration Number, if PAC		
Street Address 500 South Front St., Suite 102	Employer/Occupation/Labor Organization*		M 0	D 2	Y 25	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Stephen C. Fitch				Registration Number, if PAC		
Street Address 885 Robbins Way	Employer/Occupation/Labor Organization*		M 0	D 2	Y 25	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check			
Full Name of Contributor Cecily Ferris **				Registration Number, if PAC		
Street Address 580 South High St., Ste. 250	Employer/Occupation/Labor Organization*		M 0	D 2	Y 25	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) cash			
Full Name of Contributor Gregory B. Foliano				Registration Number, if PAC		
Street Address 1070 Broadview Avenue	Employer/Occupation/Labor Organization*		M 0	D 2	Y 25	Amount \$150.00
City Columbus	State OH	Zip Code 43212	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 \$ 850.00