

R.C. 3517.10(B)

Event Date	6/11/2009
Page	10

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Part CO.	Frescribed by Secre	iary of State 02/01				
Name of Committee in Full Glaeden for Judge						
Full Name of Contributor				Registration Number, if PAC		
Steven Mathless *				-,		
Street Address	Employer/Occupati	Employer/Occupation/Labor Organization*		Y Amount		
150 East Mound Street, Suite 308	Attorney	, , ,		0 9	50.00	
City						
Columbus	OH	43215	Check			
Full Name of Contributor			Registration Numbe	r, if PAC		
Christopher J. Stevens					100	
Street Address	Employer/Occupat	ion/Labor Organization*	M D	Y Amount		
5313 Cross River Falls Blvd.				0 9	50.00	
City		Zip Code	Form(Cash,Check,e	tc)	± 1.00	
Dublin	O   H	43016	Check			
Full Name of Contributor			Registration Number	r, if PAC		
Robert F. Krapenc						
Street Address	Employer/Occupat	ion/Labor Organization*	M D	Y Amount	100.00	
601 S. High Street		7. 0 1	0 6 1 1 Form(Cash,Check,e	0 9	100.00	
City		Zip Code	1 ' '	etc)		
Columbus		43215	Check Registration Number	- ispac		
Full Name of Contributor			Registration Number	i, ii PAC	and the second	
Cleve M. Johnson Street Address	Employer/Occupat	ion/Labor Organization*	M D	Y Amount		
	Employer/Occupat	1011/Labor Organization	0 6 1 1		100.00	
495 S. High Street, Suite 400	State	Zip Code	Form(Cash,Check,		100.00	
Columbus	OH	43215	Check			
Full Name of Contributor			Registration Number	er, if PAC		
Luftman, Heck & Associates, LLP				•		
Street Address	Employer/Occupat	ion/Labor Organization*	M D	Y Amount		
580 East Rich Street			0 6 1 1	0 9	100.00	
City	State	Zip Code	Form(Cash,Check,	etc)		
Columbus	$O \mid H \mid$	43215	Check			
Full Name of Contributor			Registration Number	er, if PAC		
David P. Rieser						
Street Address	Employer/Occupat	ion/Labor Organization*	$\begin{bmatrix} M & D \\ 0 & 6 & 1 & 1 \end{bmatrix}$	Y Amount	10000	
844 S. Front Street				0 9	100.00	
City	i i	Zip Code	Form(Cash,Check,	etc)	49	
Columbus	O   H	43206	Check			
Full Name of Contributor			Registration Number	er, ii PAC	1000	
Blaise Baker *	Employer/Occupat	ion/Labor Organization*	M D	Y Amount		
Street Address 600 S. High Street, Suite 201	Attorney	Employer/Occupation/Labor Organization*		0   9	100.00	
City		Zip Code	0 6 1 1 Form(Cash, Check,		100.00	
Columbus	OH	43215	Check			
	<del></del>					
* Franklin County Court Appoin. *Required for contributions from individuals over \$100 to statewi	ICEE de and general assembly ca	ndidates. If contributor is se	elf-employed, occupation	rather than employ	er	
should be listed. If two or more employees contribute via payroll of						
[members, if any, must appear. [R.C. 3517.10(B)(4)]	_d	7			1.0	
	4	,			1	
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. U	Inder Full Name of Contrib	utor state "Contributions fro	om form No. 31-E" and li	st the date of the eve	ent	
in the date column.						
Total contributions this event	Total expenditures this	event	Г		1	
Total contributions this event	Total expenditures this	- Cross		Page Total \$	600.00	
				Ų <b>*</b>	000.00	
1			L			