

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

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>				
Full Name of Contributor <b>Steven Mathless *</b>			Registration Number, if PAC	
Street Address <b>150 East Mound Street, Suite 308</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Christopher J. Stevens</b>			Registration Number, if PAC	
Street Address <b>5313 Cross River Falls Blvd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>50.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43016</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert F. Krapenc</b>			Registration Number, if PAC	
Street Address <b>601 S. High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Cleve M. Johnson</b>			Registration Number, if PAC	
Street Address <b>495 S. High Street, Suite 400</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Luftman, Heck &amp; Associates, LLP</b>			Registration Number, if PAC	
Street Address <b>580 East Rich Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>David P. Rieser</b>			Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Blaise Baker *</b>			Registration Number, if PAC	
Street Address <b>600 S. High Street, Suite 201</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	

**\* Franklin County Court Appointee**

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

Page Total \$ 600.00