R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event Pruscribed by Secretary of State 03/03

Event Date	1/22/15	
Page 7		

		·	
ame of Committee in Full Glaeden for Judge			
full Name of Contributor			Registration Number, if PAC
William Ireland			
rect Address	Employer/Occups	tion/Labor Organization*	M D Y Amount
85 Liberty St.	,r.s,s ===,r.	_	0 1 2 2 1 5 \$100.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	Cash
Columbus			Registration Number, if PAC
Full Name of Contributor			
Michael Fultz		t a t a chariant	M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		0 1 2 2 1 5 \$100.00
452 S. Otterbein			
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	Registration Number, if PAC
Full Name of Contributor			WERTSHAM COMMON, IN 1770
Robert Weiler			X D Y Amount
Street Address	Employer/Occupation/Labor Organization*		
10 N. High St., Suite 401			
City	Sta 1c	Zip Code	Form (Cash, Check, etc.)
Columbus	j oh	43215	Check
Full Name of Contributor	<del></del>	<u></u>	Registration Number, if PAC
Riddell Law LLC			
	Employer/Occupation/Labor Organization*		M D Y Amount
Street Address	Employeroccupationscano		0 1 2 2 1 5 \$250.00
1335 Dublin Rd., Suite 220A	Sie la	Zip Code	Form (Cash, Check, etc.)
City	OH	43215	Check
Columbus		10277	Registration Number, if PAC
Full Name of Contributor			
David Parlser			Mt D Y Amount
Street Address	Employer/Occupation/Labor Organization*		0 1 2 2 1 5 \$100.00
2557 Bexley Park Rd.		Tation I	Form (Cash, Check, etc.)
City	Stafte OH	Zip Code 43209	Check
Bexley			Registration Number, if PAC
Full Name of Contributor			KERISHANON
Jill Reardon			M D Y Amousi
Street Address	Employer/Occo	upation/Labor Organization*	0 1 2 2 1 5 \$100.00
4762 River Run Dr.			[V   V   T   T   V   T   T   T   T   T
Ciry	Stal to	Zip Code	Form (Cash, Check, etc.) Check
Hilliard	\ OH	43026	
Full Name of Contributor			Registration Number, if PAC
Gregory Peterson		•	
	Employer/Occ	opation/Labor Organization*	M D Y Amount
Street Address	Attorney		0 1 2 2 1 5 \$150.00
7300 Penneyroyal PI.	Ste te	Zip Code	Form (Cash, Check, etc.)
City	OH	43017	Check
Publin Required for contributions from individuals over \$			the name of the name of the name

Fill in the boxes below only on the last page for this event.

Transfer the Tatal 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

Transfer the Total contributions for this event to form	No. 31-A. Under ruii Name of Combinato, Salio	
in the date column		
Total contributions this event	Total expenditures this event.	

\$0.00

\$900.00

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(BX4)}