

31-E R.C. 3517.10(B)

Event Dat	° 3/5/2009
Page _	13

Page Total \$

350.00

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

	Prescribed by Secretary of St	ate 02/01		na e zakronovno zavinova nicojumi isidili kililiki
Name of Committee in Full				
Glaeden for Judge				
Full Name of Contributor			Registration Number, if PAC	
Melinda B. Killworth *				
Street Address	Employer/Occupation/Labor	Organization*	M D Y Amount	<b>50.00</b>
777 S. 5th Street	Attorney		0 3 0 5 0 9	50.00
City	State Zip Code	40006	Form(Cash,Check,etc)	
Columbus	O   H	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Nancy K. Wonnell *				
Street Address	Employer/Occupation/Labor	Organization*	M D Y Amount	F0.00
330 S. High Street	Attorney		0 3 0 5 0 9	50.00
City	State Zip Code		Form(Cash,Check,etc)	
Columbus		43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Lawrence A. Riehl				
Street Address	Employer/Occupation/Labor	Organization*	M D Y Amount	50.00
500 S. Front Street, Suite 200		***************************************	0 3 0 5 0 9	50.00
City	State Zip Code		Form(Cash,Check,etc)	+
Columbus		43215	Check	7
Full Name of Contributor			Registration Number, if PAC	· ·
Lou Friscoe *				
Street Address	Employer/Occupation/Labor	Organization*	M D Y Amount	<b>50.00</b>
860-A S. Third Street	Attorney		0 3 0 5 0 9	50.00
City	State Zip Code		Form(Cash,Check,etc)	
Columbus	O   H	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Tunney Lee King				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	<b>-</b> 0.00
380 S. Fifth Street			0 3 0 5 0 9	50.00
City	State Zip Code		Form(Cash,Check,etc)	
Columbus		43215	Check	
Full Name of Contributor			Registration Number, if PAC	ri formati
Harris, McClellan, Binau & Cox				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
37 W. Broad Street, Suite 950	į į		0 3 0 5 0 9	50.00
City	State Zip Code		Form(Cash,Check,etc)	100
Columbus	O   H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Mularski Bonham Dittmer & Phill	lips LLC			
Street Address	Employer/Occupation/Labor	Organization*	M D Y Amount	
107 W. Johnstown Road			0 3 0 5 0 9	50.00
City	State Zip Code		Form(Cash,Check,etc)	
Gahanna	O   H	43230	Check	
* Franklin County Court Appo * Required for contributions from individuals over \$100 to states	intee vide and general assembly candidates.	If contributor is se	olf-employed, occupation rather than employer	
should be listed. If two or more employees contribute via payroll	deduction and exceed the aggregate o	f \$100, the labor	organization of which the employees are	
members, if any, must appear. [R.C. 3517.10(B)(4)]	$\oplus$			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.	Under Full Name of Contributor state	"Contributions fro	m form No. 31-E" and list the date of the event	
în the date column.				
			1	
Total contributions this event	Total expenditures this event			