

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor Mango Law LLC			Registration Number, if PAC	
Street Address 5649 Van Wert Dr.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 8 1 5	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Hastie Legal, LLC			Registration Number, if PAC	
Street Address 1192 Grandview Ave.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rebecca Gooch			Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Peter J. Binning			Registration Number, if PAC	
Street Address 592 S. Third St.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 8 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bonnie Fox			Registration Number, if PAC	
Street Address 233 N. Bend Rd.	Employer/Occupation/Labor Organization* Retired		M D Y 0 9 2 8 1 5	Amount \$200.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Luftman, Heck & Associates, LLP			Registration Number, if PAC	
Street Address 580 E. Rich St.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$2,750.00

Total expenditures this event.

0.00

Page Total \$ **\$700.00**