

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 | | | | | Registration Number, if PAC | | | | |
| 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 | Amount | |
| City Hilliard | | State OH | Zip Code 43026 | | 0 | 9 | 2 | 8 | 15 |
| | | | | | 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 | Amount | |
| City Columbus | | State OH | Zip Code 43212 | | 0 | 9 | 2 | 8 | 15 |
| | | | | | 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 | Amount | |
| City Columbus | | State OH | Zip Code 43215 | | 0 | 9 | 2 | 8 | 15 |
| | | | | | 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* | | | M | D | Y | Amount | |
| City Columbus | | State OH | Zip Code 43215 | | 0 | 9 | 2 | 8 | 15 |
| | | | | | 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* | | | M | D | Y | Amount | |
| City Pataskala | | State OH | Zip Code 43062 | | 0 | 9 | 2 | 8 | 15 |
| | | | | | 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 | Amount | |
| City Columbus | | State OH | Zip Code 43215 | | 0 | 9 | 2 | 8 | 15 |
| | | | | | 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