

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor Luftman, Heck & Associates LLP			Registration Number, if PAC	
Street Address 580 East Rich Street	Employer/Occupation/Labor Organization*		M D Y 0 3 0 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian W. Ross *			Registration Number, if PAC	
Street Address 577 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 0 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor W. Martin Midian *			Registration Number, if PAC	
Street Address 577 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 0 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Kaps Legal Services			Registration Number, if PAC	
Street Address 191 Oakland Park Avenue	Employer/Occupation/Labor Organization*		M D Y 0 3 0 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian W. Ross *			Registration Number, if PAC	
Street Address 577 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 0 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor W. Martin Midian *			Registration Number, if PAC	
Street Address 577 South High Street	Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 0 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Eric Robert Zeisler			Registration Number, if PAC	
Street Address 713 S. Front Street	Employer/Occupation/Labor Organization*		M D Y 0 3 0 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Cash	

* 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 \$ 400.00