31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	1/22/15	
Page 9		

	Prescribed by Secretary	0, 31210 0370	
inc of Committee in Full Glaeden for Judge			
all Name of Contributor Mary Yoder			Registration Number, if PAC
<u> </u>	E-douer/Orchasi	on/Labor Organization*	M D Y Amount
tet Address 5177 Old Field Ct.	Retired	Nurse	0 1 2 2 1 5 \$200.00
5177 Old Field Ct.	Static	Zip Code	Form (Cash, Check, etc.)
ty	OH	43082	Check
Westerville			
ul) Name of Contributor			Registration Number, if PAC
Luann Snyder			M D Y Amount
reet Address	Employer/Occupat	ion/Labor Organization*	0 1 2 2 1 5 \$250.00
933 Carron Cir.	Attorney		Form (Cash, Check, etc.)
ity	Sta te	Zip Codz	Check
Pickerington	OH	43147	Registration Number, if PAC
full Name of Contributor			Registration remore, is two
RK Kerns			M D Y Amount
treet Address	Employer/Occupa	tion/Labor Organization*	"}
1902 Lake Shore Dr.	Attorney		0 1 2 2 1 5 \$500.00
	State	Zip Code	Fonn (Cash, Check, etc.)
City	Гон	43204	Check
Columbus			Registration Number, if PAC
Full Name of Contributor			
Woodrow Fox		uion/Labor Organization*	M D Y Amount
Street Address	EmployerOccups	TION CEDO OF BUILDING	0 1 2 2 1 5 \$100.00
233 North Bend Dr.		Zip Code	Form (Cash, Check, etc.)
City	Stalte	43062	Check
Pataskala	OH	43002	Registration Number, if PAC
Full Name of Contributor			\ .
James Burkhart			M D Y Amount
Street Address	. Employer/Occup	ation/Labor Organization*	0 1 2 2 1 5 \$100.00
1967 Fraley Dr.			Form (Cash, Check, etc.)
City	State	Zip Code 43235	Check
Columbus	OH _,	43235	Registration Number, if PAC
Full Name of Contributor			Registration Number, 11 100
Steven Larson			M D Y Amount
Street Address	Employer/Occup	pation/Labor Organization*	0 1 2 2 1 5 \$100.00
4967 Smoketalk Ln.			
	State	Zip Code	Form (Cash, Check, etc.) Check
City Columbus	I OH	43081	
			Registration Number, if PAC
Full Name of Contributor	•		
George Arnold	[= 1 n	pation/Labor Organization*	M D Y Amount
Sircei Address	Employer/Occu	harren hann cremming.	0 1 2 2 1 5 \$100.00
3020 Dale Ave.	611	Zip Code	Form (Cash, Check, etc.)
City	Suite	43209	Check
Columbus	OH	1 .0	ibutor is self-employed, the occupation and the nan payroll deduction and exceed the aggregate of \$100

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

Fransfer the Total contributions for this event to form No. 31-A.	Under Pull Name of Commodule Commodule	
in the date column		
Total contributions this event	Total expenditures this event.	
1623 CONTRIBUTIONS THE COURT		
40.00	\$0.00	\$1,350.00

\$0.00

\$1,350.00

the individual's business, if any, rather than employer should be tisted. 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)]