

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 Scott & Nolder Co, LPA				Registration Number, if PAC	
Street Address 35 E. Livingston Ave.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeremy Dodgion Attorney At Law Co., LPA				Registration Number, if PAC	
Street Address 1188 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43206		Form (Cash, Check, etc.) Check	
Full Name of Contributor Luftman, Heck & Associates, LLP				Registration Number, if PAC	
Street Address 580 East Rich St.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$150.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy Dougherty				Registration Number, if PAC	
Street Address 1308 West Mound St.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43223		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Manny Munoz				Registration Number, if PAC	
Street Address 49 Trail Edge Circle		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$40.00
City Powell	State OH	Zip Code 43065		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Woody Fox				Registration Number, if PAC	
Street Address 289 S. Third St.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joe Landusky				Registration Number, if PAC	
Street Address 901 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43206		Form (Cash, Check, etc.) Cash	

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$690.00**