

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
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