Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	5/14/2015	
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Prescribed by Secretary of State 03/05

	<u> </u>		
Name of Committee in Full			
Glaeden for Judge			I Designation No. 14 Professional Services
Full Name of Contributor Lee Ann Rabe			Registration Number, if PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
3069 Woodbine Pl.	Employer/Occupation 2000. Organization		0 5 1 4 1 5 \$50.00
City	Star to	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	Check
Full Name of Contributor			Registration Number, if PAC
James Stempien			:
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
1300 Pinnacle Dr.			0 5 1 4 1 5 \$25.00
City	Sta to	Zip Code	Form (Cash, Check, etc.)
Columbus	OH.	43204	Check
Full Name of Contributor			Registration Number, if PAC
Sunbury Law Offices			
Street Address	E-slaver/Occupa	tion/Labor Organization*	M D Y Amount
250 Civic Center Dr., Suite 600	Employer/Occupa	IIIOID Eabor Organization	0 5 1 4 1 5 \$150.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43215	Check
Full Name of Contributor	011	1	Registration Number, if PAC
	•		
Halabi Law, LLC	2 1 10		M D Y Amount
Street Address	Employer/Occupa	ation/Labor Organization*	0 5 1 4 1 5 \$50.00
88 W. Main St.	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH Stall	43215	Check
Columbus	Un	43213	Registration Number, if PAC
Full Name of Contributor Nathan Akamine			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 5 1 4 1 5 \$100.00
844 S. Front St.		<u> </u>	Form (Cash, Check, etc.)
City	Stal to OH	Zip Code 43206	Check
Columbus	011	40200	Registration Number, if PAC
Full Name of Contributor Desanto & McNichols Attorney at law			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount 5 \$100.00
887 S. High St.			
City Columbus	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) Check
			Registration Number, if PAC
Full Name of Contributor Toure McCord			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 1 4 1 5 \$100.00
844 S. Front St.			[] [] [] [] [] [] [] [] [] []
City	Star te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Check
* Required for contributions from individuals over \$10	0 to statewide and General A	ssembly candidates. If contrib	utor is self-employed, the occupation and the name o

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	
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\$1,855.00

Total expenditures this event.

0.00

\$575.00 Page Total \$

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)]