

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				Registration Number, if PAC			
Full Name of Contributor Vassy Law Office				M D Y Amount 0 1 2 2 1 5 \$250.00			
Street Address 145 E. Rich St., 2nd Floor		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43215				
Full Name of Contributor Kohrman Jackson & Krantz PAC				Registration Number, if PAC OH1341			
Street Address One Cleveland Center, 20th Floor		Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 2 1 5 \$100.00			
City Cleveland		State OH	Zip Code 44114	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeremy Dodgion Attorney at Law Co., LPA				Registration Number, if PAC			
Street Address 1188 South High St.		Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 2 1 5 \$300.00			
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Krapenc				Registration Number, if PAC			
Street Address 601 S. High St., 1st Floor		Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 2 1 5 \$500.00			
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Onda, Labuh, Rankin & Boogs Co., LPA				Registration Number, if PAC			
Street Address 35 North Fourth St., Suite 100		Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 2 1 5 \$150.00			
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor CPM Law PAC				Registration Number, if PAC OH1505			
Street Address 366 E. Broad St.		Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 2 1 5 \$100.00			
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lufman, Heck & Associates, LLP				Registration Number, if PAC			
Street Address 580 E. Rich St.		Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 2 1 5 \$150.00			
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			

* 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 \$ 1,550.00