31-E R.C. 3517.10(B)

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

Event Date	1/22/15	
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Prescribed by Secretary of State 03/05

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Name of Committee in Full Glaeden for Judge			-
Full Name of Contributor Vassy Law Office			Registration Number, if PAC
Street Address 145 E. Rich St., 2nd Floor	Employer/Occup.	ation/Labor Organization*	0 1 2 2 1 5 Amount \$250.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Kohrman Jackson & Krantz PAC			Registration Number, if PAC OH1341
Street Address One Cleveland Center, 20th Floor	Employer/Occup.	ation/Labor Organization*	Nt D Y Amount 0 1 2 2 1 5 \$100.00
City Cleveland	Staj te 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/Occup	ation/Labor Organization*	0 1 2 2 1 5 Amount \$300.00
Cîty Columbus	Stal te 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* Attorney		0 1 2 2 1 5 \$500.00
City Columbus	Stal te 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*		0 1 2 2 1 5 Amount \$150.00
City Columbus	Stal te OH	Zip Code 43215	Fonn (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*		0 1 2 2 1 5 Amount \$100.00
City Columbus	Stalle OH	Zip Code 43215	Fonn (Cash, Check, etc.) Check
Full Name of Contributor Luftman, Heck & Associates, LLP			Registration Number, if PAC
Street Address 580 E. Rich St.		ation/Labor Organization*	0 1 2 2 1 5 Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check

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	Total expenditures this event.		
40.00			
\$0.00	\$0.00		

Page Total \$ \_\_\_\_\_

<sup>\*</sup> 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)]