

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 J. Haris Leshner			Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization* Attorney		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$150.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Isaac Rinsky			Registration Number, if PAC	
Street Address 4304 Camden Cir.	Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin	State OH	Zip Code 43016	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Umberto A Debeneditto Co LPA			Registration Number, if PAC	
Street Address 2121 Bethel Rd., Suite E	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Hastie Legal, LLC			Registration Number, if PAC	
Street Address 1192 Grandview Ave.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43212	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Law Office of Tunney Lee King			Registration Number, if PAC	
Street Address 400 S. Fifth St., Suite 102	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Mularski Bonham Dittmer & Phillips LLC			Registration Number, if PAC	
Street Address 107 W. Johnston Rd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Gahanna	State OH	Zip Code 43230	Y 2	Amount \$200.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
			Form (Cash, Check, etc.)	

* 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

\$1,500.00

Total expenditures this event

0.00

Page Total \$ 700.00