

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 Will Ireland			Registration Number, if PAC	
Street Address 85 Liberty St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Jeremy Dodgion			Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Timothy Dougherty			Registration Number, if PAC	
Street Address 1308 W. Mound St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43223	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Brian Rigg			Registration Number, if PAC	
Street Address 720 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Shinn			Registration Number, if PAC	
Street Address 137 Morse Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Wilburn			Registration Number, if PAC	
Street Address 2511 Hyacinth Lane	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roger Rostislav Soroka			Registration Number, if PAC	
Street Address 139 E. Main St., Apt 300	Employer/Occupation/Labor Organization* Attorney		M D Y 0 6 2 5 1 5	Amount \$200.00
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

\$1,500.00

Total expenditures this event.

0.00

Page Total \$ **\$800.00**