

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC	
Gladden for Judge			
Full Name of Contributor Mark Collins		Registration Number, if PAC	
Street Address 492 S. High Street	Employer/Occupation/Labor Organization*	M   D   Y 0   6   1   1   0   9	Amount 50.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Madge Slemmer		Registration Number, if PAC	
Street Address 1188 S. High Street		M   D   Y 0   6   1   1   0   9	
Employer/Occupation/Labor Organization*		Amount 50.00	
City Columbus	State   Zip Code O   H   43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Laura Nesbitt *		Registration Number, if PAC	
Street Address 2657 Amberwich Place		M   D   Y 0   6   1   1   0   9	
Employer/Occupation/Labor Organization* Attorney		Amount 50.00	
City Hilliard	State   Zip Code O   H   43026	Form(Cash,Check,etc) Cash	
Full Name of Contributor Phil Harmon		Registration Number, if PAC	
Street Address 5312 Longrifle Road		M   D   Y 0   6   1   1   0   9	
Employer/Occupation/Labor Organization*		Amount 100.00	
City Westerville	State   Zip Code O   H   43081	Form(Cash,Check,etc) Cash	
Full Name of Contributor Toure McCord *		Registration Number, if PAC	
Street Address 844 S. Front Street		M   D   Y 0   6   1   1   0   9	
Employer/Occupation/Labor Organization* Attorney		Amount 50.00	
City Columbus	State   Zip Code O   H   43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Brandi Garcia		Registration Number, if PAC	
Street Address 844 S. Front Street		M   D   Y 0   6   1   1   0   9	
Employer/Occupation/Labor Organization*		Amount 50.00	
City Columbus	State   Zip Code O   H   43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Dominic Mango		Registration Number, if PAC	
Street Address 5649 Van Wert Drive		M   D   Y 0   6   1   1   0   9	
Employer/Occupation/Labor Organization*		Amount 50.00	
City Hilliard	State   Zip Code O   H   43026	Form(Cash,Check,etc) Check	

**\* Franklin County Court Appointee**

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

Total expenditures this event

Page Total \$ 400.00