

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

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>							
Full Name of Contributor <b>Gregg R. Lewis</b>			Registration Number, if PAC				
Street Address <b>625 City Park</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	1	4
				0	9	0	9
						50.00	
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Stanley B. Dritz</b>			Registration Number, if PAC				
Street Address <b>50 W. Broad Street, Suite 2200</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	1	9
				0	9	0	9
						50.00	
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kravitz, Brown &amp; Dortch, LLC</b>			Registration Number, if PAC				
Street Address <b>65 East State Street, Suite 200</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	3
				0	9	0	9
						50.00	
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Dennis W. McNamara</b>			Registration Number, if PAC				
Street Address <b>3966 Fairlington Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	3
				0	9	0	9
						50.00	
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Regina R. Richards *</b>			Registration Number, if PAC				
Street Address <b>1350 W. Fifth Avenue, Suite 214</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>Attorney</b>		0	1	2	3
				0	9	0	9
						50.00	
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Tyack Blackmore &amp; Liston Co LPA</b>			Registration Number, if PAC				
Street Address <b>536 South High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	6
				0	9	0	9
						150.00	
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Shawn R. Dominy</b>			Registration Number, if PAC				
Street Address <b>3837 Attucks Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	7
				0	9	0	9
						100.00	
City <b>Powell</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>		Form(Cash,Check,etc) <b>Check</b>			

\* 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 \$ 500.00