

31-E

R.C. 3517.10(B)

Event Date 9/23/2015

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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				Registration Number, if PAC			
Full Name of Contributor Jill Winn				Registration Number, if PAC			
Street Address 1327 London Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$75.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Angela Hawkins				Registration Number, if PAC			
Street Address 1116 S. High St., Apt 1A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$50.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Melissa Vasil				Registration Number, if PAC			
Street Address 300 Hinman Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$100.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anne Dean				Registration Number, if PAC			
Street Address 1109 Lake Point		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$35.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	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

\$1,710.00

Total expenditures this event

0.00

Page Total \$

\$260.00