

Event Date	1/28/2009
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		etary of State 02/01		
Glaeden for Judge				EARTHOSETTA
Full Name of Contributor				
Adam Sheets				100 Maria
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
288 Canyon Drive			0 1 2 8 0 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O   H	43214	Check	
Full Name of Contributor			Registration Number, if PAC	No.
Steven Larson				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	400.00
283 S. Third Street			0 1 2 8 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	and the second
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Sue Ann Owen	I 1			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	100.00
1800 Bedford Road		7:- C-1-	0 1 2 8 0 9	100.00
City	State O H	Zip Code	Form(Cash,Check,etc)	$\oplus$
Columbus	O   H	43212	Check Check	<b>*</b>
Full Name of Contributor			Registration Number, if PAC	
William S. Ireland	Te 1 (o		N D V I	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	250.00
85 Liberty Street	Curt	Iz: 0-1.	0 1 2 8 0 9	250.00
City	State O   H	Zip Code 43215	Form(Cash,Check,etc) Check	
Columbus Full Name of Contributor	I O I D	43213	Registration Number, if PAC	
			Registration Number, it PAC	
Thomas N. Taneff Street Address	[Employer/Occupa	tion/Labor Organization*	M D Y Amount	
	Employer/Occupa	montation Organization	0 1 2 8 0 9	50.00
600 S. High Street, Suite 201	State	Zip Code	Form(Cash,Check,etc)	30.00
Columbus	O H	43215	Check	
Full Name of Contributor		1 30210	Registration Number, if PAC	
Allen J. Reis			registration realiset, if 17ee	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
3250 Knoll Drive	Binpio) eir e ceapa	mon Baoor Organization	0 1 2 9 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Gahanna	OH	43230	Check	
Full Name of Contributor		102.00	Registration Number, if PAC	
Ioseph E. Scott			, , , , , , , , , , , , , , , , , , , ,	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
1301 Norwell Drive			0 1 2 9 0 9	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	OH	43220	Check	
COMMITTEE				
* Required for contributions from individuals over \$100 to state	vide and general assembly c	andidates. If contributor is se	f-employed occupation rather than employ	er.
should be listed. If two or more employees contribute via payroll				
members, if any, must appear. [R.C. 3517.10(B)(4)]		k		1
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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 Contrib	outor state "Contributions from	n form No. 31-E" and list the date of the eve	ent
in the date column.				
Total contributions this event	Total expenditures this	event		
			Page Total \$	750.00