

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge					
Full Name of Contributor Adam Sheets				Registration Number, if PAC	
Street Address 288 Canyon Drive	Employer/Occupation/Labor Organization*			M D Y 0 1 2 8 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Larson				Registration Number, if PAC	
Street Address 283 S. Third Street	Employer/Occupation/Labor Organization*			M D Y 0 1 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Sue Ann Owen				Registration Number, if PAC	
Street Address 1800 Bedford Road	Employer/Occupation/Labor Organization*			M D Y 0 1 2 8 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor William S. Ireland				Registration Number, if PAC	
Street Address 85 Liberty Street	Employer/Occupation/Labor Organization*			M D Y 0 1 2 8 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas N. Taneff				Registration Number, if PAC	
Street Address 600 S. High Street, Suite 201	Employer/Occupation/Labor Organization*			M D Y 0 1 2 8 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Drive	Employer/Occupation/Labor Organization*			M D Y 0 1 2 9 0 9	Amount 100.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph E. Scott				Registration Number, if PAC	
Street Address 1301 Norwell Drive	Employer/Occupation/Labor Organization*			M D Y 0 1 2 9 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check	

* 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 \$ 750.00