

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				
Full Name of Contributor Bob Hill			Registration Number, if PAC	
Street Address 278 W. Lane Ave.	Employer/Occupation/Labor Organization*		M D Y 0 9 10 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Scott Shaw			Registration Number, if PAC	
Street Address 500 south front street	Employer/Occupation/Labor Organization*		M D Y 0 9 10 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Marcy Neeley			Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 9 10 1 5	Amount \$60.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Timothy Dougherty			Registration Number, if PAC	
Street Address 1308 W. Mound St.	Employer/Occupation/Labor Organization*		M D Y 0 9 10 1 5	Amount \$60.00
City Columbus	State OH	Zip Code 43223	Form (Cash, Check, etc.) Cash	
Full Name of Contributor William Ireland			Registration Number, if PAC	
Street Address 85 Liberty St.	Employer/Occupation/Labor Organization*		M D Y 0 9 10 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Jeffrey Lewis			Registration Number, if PAC	
Street Address 4474 Summit Ridge Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 10 1 5	Amount \$50.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rachel Craig			Registration Number, if PAC	
Street Address 336 S. 3rd St., Apt 1	Employer/Occupation/Labor Organization*		M D Y 0 9 10 1 5	Amount \$60.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

* 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

\$1,180.00

Total expenditures this event.

0.00Page Total \$ **\$430.00**