

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 William Ireland			Registration Number, if PAC	
Street Address 85 Liberty St.	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Michael Fultz			Registration Number, if PAC	
Street Address 452 S. Otterbein	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Weiler			Registration Number, if PAC	
Street Address 10 N. High St., Suite 401	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Riddell Law LLC			Registration Number, if PAC	
Street Address 1335 Dublin Rd., Suite 220A	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Pariser			Registration Number, if PAC	
Street Address 2557 Bexley Park Rd.	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jill Reardon			Registration Number, if PAC	
Street Address 4762 River Run Dr.	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregory Peterson			Registration Number, if PAC	
Street Address 7300 Penneyroyal Pl.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 2 1 5	Amount \$150.00
City Dublin	State OH	Zip Code 43017	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 900.00