

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>							
To Whom Paid <b>Carrie Glaeden</b>				M <b>0</b>	D <b>8</b>	Y <b>09</b>	Amount <b>213.09</b>
Address <b>4377 Bridgeside Place</b>		Purpose <b>Reimbursement for invitations/postage/mail seal</b>					
City <b>New Albany</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43054</b>	Check Number <b>1087</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 213.09