

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge						
To Whom Paid Carrie Glaeden				M 0	D 8	Amount 207.23
Address 4377 Bridgeside Place		Purpose Reimbursement for invitations/postage/name tags				
City New Albany	State O	Zip Code H 43054	Check Number 1086			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State	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.