

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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|---|--|--------------------------|-----------------------------|---------------------------|
| Name of Committee in Full Glaeden for Judge | | | | |
| Full Name of Contributor Janet Jackson | | | Registration Number, if PAC | |
| Street Address 2865 Castlewood Rd. | Employer/Occupation/Labor Organization* United Way of Central OH | | M 0 | D 9 |
| City Columbus | State OH | Zip Code 43209 | Y 2 | Amount \$150.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Stanley D. Ross | | | Registration Number, if PAC | |
| Street Address 1660 W. Henderson Rd. | Employer/Occupation/Labor Organization* Attorney | | M 0 | D 9 |
| City Columbus | State OH | Zip Code 43220 | Y 2 | Amount \$200.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Thomas Taneff Co., LPA | | | Registration Number, if PAC | |
| Street Address 250 Civic Center Dr., Suite 210 | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | State OH | Zip Code 43215 | Y 2 | Amount \$75.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Cindy Debellis | | | Registration Number, if PAC | |
| Street Address 6621 Karsten Pl. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Blacklick | State OH | Zip Code 43004 | Y 2 | Amount \$100.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Robert D. Marotta | | | Registration Number, if PAC | |
| Street Address 2294 Club Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | State OH | Zip Code 43221 | Y 2 | Amount \$250.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D |
| City | State OH | Zip Code | Y | Amount |
| Form (Cash, Check, etc.) | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D |
| City | State OH | Zip Code | Y | Amount |
| Form (Cash, Check, etc.) | | | | |

* 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

\$2,575.00

Total expenditures this event.

0.00Page Total \$ **\$775.00**