

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge					
Full Name of Contributor Christopher T. Cicero *				Registration Number, if PAC	
Street Address 1308 W. Mound Street		Employer/Occupation/Labor Organization* Attorney		M 0	D 4
City Columbus		State O		Y 0	Amount 275.00
Zip Code 43223		Form(Cash,Check,etc) Check			
Full Name of Contributor Sharon L. Reichard					
Street Address 1987 Haverton Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Reynoldsburg		State O		Y 0	Amount 275.00
Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Michae J. Morrissey					
Street Address 34 W. Whittier Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State O		Y 0	Amount 275.00
Zip Code 43206		Form(Cash,Check,etc) Check			
Full Name of Contributor Fraternal Order of Police of Ohio, Inc. PAC					
Street Address 222 E. Town Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State O		Y 0	Amount 275.00
Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Wiles, Boyle, Burkholder & Bringardner PAC					
Street Address 115 W. Main Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State O		Y 0	Amount 550.00
Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor S.M.D./H.L.S. Bonding Co. LLC					
Street Address 571 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State O		Y 0	Amount 550.00
Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Carlile, Patchen & Murphy LLP					
Street Address 366 E. Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State O		Y 0	Amount 500.00
Zip Code 43215		Form(Cash,Check,etc) Check			

* Franklin County Court Appointee

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

Total expenditures this event

Page Total \$ 2,700.00