## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	9/28/2015	
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Name of Committee in Full		···-	
Glaeden for Judge			
Full Name of Contributor Tom Lindsey			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
4740 Strayer Dr.	Attorney		0 9 2 8 1 5 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check
Full Name of Contributor		<u> </u>	Registration Number, if PAC
Dennis P. Evans			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
4006 Lyon Dr.			0 9 2 8 1 5 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Check
Full Name of Contributor			Registration Number, if PAC
Joslyn Ław Firm, LLC			
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
901 S. High St.		•	0 9 2 8 1 5 \$50.00
City	. Stalte	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Check
Fuil Name of Contributor			Registration Number, if PAC
Jeffrey T. Stavroff			
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
250 Daniel Burnham Sq., Unit 307	Attorne	:y	0 9 2 8 1 5 \$150.00
City	Star te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	Check
Full Name of Contributor William L. Smead			Registration Number, if PAC
Street Address 2530 Sherwin Rd.	Employer/Occur Retired	pation/Labor Organization*	M D Y Amount 0 9 2 8 1 5 \$150.00
	State	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43221	Check
Full Name of Contributor William Nesbitt	<u> </u>		Registration Number, if PAC
Street Address 7600 Forest Knoll Dr.		pation/Labor Organization*	M D Y Amount 0 9 2 8 1 5 \$150.00
7000   Gleat Rilon Br.	Attorne		Form (Cash, Check, etc.)
City Dublin	OH Stailte	Zip Code 43017	Check
Full Name of Contributor David P. Reiser		<del> </del>	Registration Number, if PAC
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount 0 9 2 8 1 5 \$100.00
2 Miranova PI, Suite 710			9, 9 2 15 19
City .	Stal to OH	Zip Code 43215	Form (Cash, Check, etc.) Check

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 No. 31-E" and list the date of the event in the date column

Total contributions this event			
	<u></u>	750	00
1	\$2.7	'50.	UU

Total expenditures this event.

0.00

\$900.00 Page Total \$

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)]