

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor Mark C Collins Co. LPA			Registration Number, if PAC	
Street Address 492 S. High St., 3rd Floor	Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Meredith O'Brien			Registration Number, if PAC	
Street Address 26 Baldwin St.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Hudson	State OH	Zip Code 44236	Form (Cash, Check, etc.) Check	
Full Name of Contributor Law Firm of Megan E Grant			Registration Number, if PAC	
Street Address 1188 South High St.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Stavroff			Registration Number, if PAC	
Street Address 250 Daniels Burnham Sq., Unit 307	Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Nesbit			Registration Number, if PAC	
Street Address 2657 Amberwick Pl	Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Steinberg			Registration Number, if PAC	
Street Address 4008 The Old Poste Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor The Steven T Fox Law Firm LLC			Registration Number, if PAC	
Street Address 2335 Yuma Dr.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 5 1 5	Amount \$150.00
City London	State OH	Zip Code 43140	Form (Cash, Check, etc.) Check	

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$750.00**