

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 Kathleen Hill			Registration Number, if PAC	
Street Address 3730 Sellars Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 1 5	Amount \$10.00
City Dayton	State OH	Zip Code 45439	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Thomas Martello			Registration Number, if PAC	
Street Address 3123 Ellis Pl.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Glen Dugger			Registration Number, if PAC	
Street Address 1788 Coventry Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 1 5	Amount \$40.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joanie Dugger			Registration Number, if PAC	
Street Address 1788 Coventry Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 1 5	Amount \$40.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Scott Tipton			Registration Number, if PAC	
Street Address 921 Lanbeth Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Charles B. Stearns			Registration Number, if PAC	
Street Address 935 Medinah Terrace	Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 1 5	Amount \$75.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jean Spiker			Registration Number, if PAC	
Street Address 1791 Glenn Ave.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 1 5	Amount \$75.00
City Columbus	State OH	Zip Code 43212	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

\$3,565.00

Total expenditures this event.

0.00

Page Total \$ 340.00