

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 Daphne Hawk			Registration Number, if PAC	
Street Address 2374 White Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christa Dimon			Registration Number, if PAC	
Street Address 9 Keswick Commons	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$25.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald Collins			Registration Number, if PAC	
Street Address 5723 Moonpenny Ln.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barri James			Registration Number, if PAC	
Street Address 2225 Sheringham Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$40.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Sarah JanTausch			Registration Number, if PAC	
Street Address 96 Elizabeth St.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$35.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kimberly Christopher			Registration Number, if PAC	
Street Address 2579 Old Hill Ct. N.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Leslie Gaines			Registration Number, if PAC	
Street Address 21 W. Broad St.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	

* 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

\$1,485.00

Total expenditures this event.

0.00

Page Total \$ 325.00