

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 James Horner				Registration Number, if PAC	
Street Address 22 E. Gay Street, Suite 300	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor William L. Lager				Registration Number, if PAC	
Street Address 155 W. Main Street, Suite 1206	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Benjamin W. Hale, Jr.				Registration Number, if PAC	
Street Address 7504 Phelps Close	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City New Albany	State O	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Joel R. Campbell				Registration Number, if PAC	
Street Address 575 South Third Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

2,050.00

Total expenditures this event

Page Total \$ **600.00**