

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				Registration Number, if PAC	
Full Name of Contributor Elizabeth Cooke				Registration Number, if PAC	
Street Address 5718 Johnstown Rd.	Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 2715
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor MacMurray Petersen & Shuster LLP				Registration Number, if PAC	
Street Address 6530 W. Campus Oval, Suite 210	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2715
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor Law Office of R Kevin Kerns				Registration Number, if PAC	
Street Address 3518 Riverside Dr., Suite 207	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2715
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Andy Bowers & Associates				Registration Number, if PAC	
Street Address 612 Park St., Suite 300	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2715
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Richard Boylan				Registration Number, if PAC	
Street Address 2957 N. Perch Row	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2715
City Port Clinton	State OH	Zip Code 43452	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Cleve M. Johnson				Registration Number, if PAC	
Street Address 495 S. High St., Suite 400	Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 2715
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2715
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00

* 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

\$5,800.00

Total expenditures this event.

0.00

Page Total \$ 1,850.00