

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 Elizabeth Cooke | | | Registration Number, if PAC | |
| Street Address 5718 Johnstown Rd. | Employer/Occupation/Labor Organization* Attorney | | M D Y 0 8 2 7 1 5 | Amount \$250.00 |
| City New Albany | State OH | Zip Code 43054 | Form (Cash, Check, etc.) Check | |
| 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 D Y 0 8 2 7 1 5 | Amount \$500.00 |
| City New Albany | State OH | Zip Code 43054 | Form (Cash, Check, etc.) Check | |
| 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 D Y 0 8 2 7 1 5 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Andy Bowers & Associates | | | Registration Number, if PAC | |
| Street Address 612 Park St., Suite 300 | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 7 1 5 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Richard Boylan | | | Registration Number, if PAC | |
| Street Address 2957 N. Perch Row | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 7 1 5 | Amount \$100.00 |
| City Port Clinton | State OH | Zip Code 43452 | Form (Cash, Check, etc.) Check | |
| 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 D Y 0 8 2 7 1 5 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Crabbe, Brown & James | | | Registration Number, if PAC | |
| Street Address 500 S. Front St., Suite 1200 | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 7 1 5 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | 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

\$5,800.00

Total expenditures this event.

0.00

Page Total \$ **\$1,850.00**