

31-F

R.C. 3517.10

Event Date 04/14/05Page 6

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge									
To Whom Paid U.S. Postmaster						M	D	Y	Amount
						0	3	1	1
Address 41 S. High Street						Purpose Postage			
City Columbus						State O H		Zip Code 43215	
						Check Number 1054			
To Whom Paid Capitol Square Printing, Inc.						M	D	Y	Amount
						0	3	2	3
Address 59 E. Gay Street						Purpose Invitations			
City Columbus						State O H		Zip Code 43215	
						Check Number 1055			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
						Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 325.51