31-F					
R.C.	351	7.	1	(

Event Date	04/14/05
Page	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				M		D	Y	Amount	
U.S. Postmaster				0 3	3 [1 1	0 5	l	148.00
Address	Purpose								
41 S. High Street	Post		·						
City		tate	Zip Code	Check Number					
Columbus	10	H	43215	1	1	1054			
To Whom Paid				M		D O l o	Y	Amount	4777
Capitol Square Printing, Inc.	-Is			0 3	3]	2 3	0 5	I	177.51
Address	Purpose Invitations								
59 E. Gay Street		ation	S Zip Code	Check	Nue	nher			
Calumbus	l o"	H	43215	CIRCUK					
Columbus To Whom Paid	10	11	43213	M	1	D	Ŷ	Amount	
וט אווטונו דפוע						۱	l i		
Address	Purpose				L		<u> </u>	L	
	1								
City	State Zip Code Check Number								
· · ·						•			
To Whom Paid		<u></u>	<u></u>	М	Т	D	Y	Amount	
Address Purpose									
City	Si	State Zip Code		Check Number					
	1	1		1					
To Whom Paid M D Y Amount									
Address	Purpose								
City	S	tate	Zip Code	Check	Nur	mber			
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To Whom Paid				М	Ţ	D	Y	Amount	
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Address Purpose									
City	S	tate	Zip Code	Check	Nur	mber	_		
		<u> </u>	<u> </u>						
To Whom Paid				М		D	Y	Amount	
Address	ldress Purpose								
City	S	tate	Zip Code	Check	Nur	mber			
		<u></u>	<u></u>						

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
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