

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 David Kennedy			Registration Number, if PAC	
Street Address 107 W. Johnstown Rd.	Employer/Occupation/Labor Organization*		M 0	D 1
City Gahanna	State OH	Zip Code 43230	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Pohler & Associates LLC			Registration Number, if PAC	
Street Address 6445 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M 0	D 1
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Bricker & Eckler LLP PAC			Registration Number, if PAC OH821	
Street Address 100 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$500.00
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 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ohio Cable Telecommunications Association Political Action Trust			Registration Number, if PAC	
Street Address 2520 Haverford Rd.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Grange Mutual Casualty Company- Ohio PAC			Registration Number, if PAC CP677	
Street Address 671 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
	OH			
Form (Cash, Check, etc.)				

* 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

\$8,725.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,200.00**