

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | | | | |
|----------------------------------|--|--|--|----------|----------|--|--------------|---|---|--------|---|---|------------|
| Glaeden for Judge | | | | | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Franklin County Republican Party | | | | | | | 0 | 3 | 2 | 5 | 1 | 4 | \$1,100.00 |
| Address | | | | Purpose | | | | | | | | | |
| 14 E. Gay St. | | | | Donation | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
| Columbus | | | | OH | 43215 | | 1114 | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
| | | | | OH | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
| | | | | OH | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
| | | | | OH | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
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| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
| | | | | OH | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
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| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
| | | | | OH | | | | | | | | | |
| To Whom Paid | | | | | | | M | D | Y | Amount | | | |
| Address | | | | Purpose | | | | | | | | | |
| City | | | | State | Zip Code | | Check Number | | | | | | |
| | | | | OH | | | | | | | | | |