

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				Registration Number, if PAC	
Full Name of Contributor Brian Barker		Employer/Occupation/Labor Organization*		M 1	D 0
Street Address 1698 Berkshire Rd.		Real Estate		Y 0	Amount \$150.00
City Columbus		State OH	Zip Code 43221	1	5
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa Diemer		Employer/Occupation/Labor Organization*		M 1	D 0
Street Address 3040 Riverside Dr., Ste. 209				Y 0	Amount \$50.00
City Columbus		State OH	Zip Code 43221	1	5
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald Brey		Employer/Occupation/Labor Organization*		M 1	D 0
Street Address 1280 Camolot Dr.				Y 0	Amount \$100.00
City Upper Arlington		State OH	Zip Code 43220	1	5
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa Williams		Employer/Occupation/Labor Organization*		M 1	D 0
Street Address 4051 Longhill Rd.				Y 0	Amount \$100.00
City Columbus		State OH	Zip Code 43220	1	5
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Wade Steen		Employer/Occupation/Labor Organization*		M 1	D 0
Street Address 2500 Sherwin Rd.				Y 0	Amount \$100.00
City Columbus		State OH	Zip Code 43221	1	5
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Amanda Markoff		Employer/Occupation/Labor Organization*		M 1	D 0
Street Address 2320 Plover Ct.				Y 0	Amount \$100.00
City Columbus		State OH	Zip Code 43228	1	5
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Carol Brand		Employer/Occupation/Labor Organization*		M 1	D 0
Street Address 1658 Andover Rd.				Y 0	Amount \$100.00
City Columbus		State OH	Zip Code 43212	1	5
				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

Total expenditures this event

\$3,565.00

0.00

Page Total \$ 700.00