

31-E

R.C. 3517.10(B)

Event Date 10/8/2015

Page 43

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 Kathleen Hill				Registration Number, if PAC			
Street Address 3730 Sellars Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dayton		State OH	Zip Code 45439	1	0	0	\$10.00
Form (Cash, Check, etc.) Cash							
Full Name of Contributor Thomas Martello				Registration Number, if PAC			
Street Address 3123 Ellis Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43204	1	0	0	\$50.00
Form (Cash, Check, etc.) Cash							
Full Name of Contributor Glen Dugger				Registration Number, if PAC			
Street Address 1788 Coventry Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43212	1	0	0	\$40.00
Form (Cash, Check, etc.) Cash							
Full Name of Contributor Joanie Dugger				Registration Number, if PAC			
Street Address 1788 Coventry Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43212	1	0	0	\$40.00
Form (Cash, Check, etc.) Cash							
Full Name of Contributor Scott Tipton				Registration Number, if PAC			
Street Address 921 Lanbeth Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43220	1	0	0	\$50.00
Form (Cash, Check, etc.) Cash							
Full Name of Contributor Charles B. Stearns				Registration Number, if PAC			
Street Address 935 Medinah Terrace		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43235	1	0	0	\$75.00
Form (Cash, Check, etc.) Check							
Full Name of Contributor Jean Spiker				Registration Number, if PAC			
Street Address 1791 Glenn Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43212	1	0	0	\$75.00
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

\$3,565.00

Total expenditures this event

0.00

Page Total \$ 340.00