

# 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 Beverly Martin					Registration Number, if PAC	
Street Address 5632 Hatton Ct.		Employer/Occupation/Labor Organization*		M	D	Y
City Hilliard		State OH	Zip Code 43026	0	9	2
				3	1	5
				Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor D. Michael Carroll					Registration Number, if PAC	
Street Address 1530 Slade Ave., Apt. 103		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43235	0	9	2
				3	1	5
				Form (Cash, Check, etc.) Check		Amount \$35.00
Full Name of Contributor Kelly J. Davids					Registration Number, if PAC	
Street Address 649 Teteridge Rd.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43214	0	9	2
				3	1	5
				Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Shaun Yoder					Registration Number, if PAC	
Street Address 3197 Avalon Rd.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43221	0	9	2
				3	1	5
				Form (Cash, Check, etc.) Check		Amount \$40.00
Full Name of Contributor Marcia Seidel					Registration Number, if PAC	
Street Address 4660 Stonehaven Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43220	0	9	2
				3	1	5
				Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Joshua Hahn					Registration Number, if PAC	
Street Address 2557 Gardenia Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43235	0	9	2
				3	1	5
				Form (Cash, Check, etc.) Check		Amount \$75.00
Full Name of Contributor Roseanne Albanese					Registration Number, if PAC	
Street Address 3740 Falls Circle Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Hilliard		State OH	Zip Code 43026	0	9	2
				3	1	5
				Form (Cash, Check, etc.) Check		Amount \$25.00

\* 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

\$1,710.00

Total expenditures this event.

0.00

Page Total \$ 475.00