

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 Mike Glenn				Registration Number, if PAC			
Street Address 1301 Fountaine Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$100.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Paul Morrison				Registration Number, if PAC			
Street Address 1001 Estner Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$50.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Jeff Moore				Registration Number, if PAC			
Street Address 100 E. Main St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Chris Floyd				Registration Number, if PAC			
Street Address 520 King Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$50.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Woody Fox				Registration Number, if PAC			
Street Address 289 South 3rd St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Timothy Dougherty				Registration Number, if PAC			
Street Address 1308 W. Mound St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$40.00
City Columbus		State OH	Zip Code 43223	Form (Cash, Check, etc.) Cash			
Full Name of Contributor George Stark Breitmayer III				Registration Number, if PAC			
Street Address 182 Corbins Mill Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$100.00
City Dublin		State OH	Zip Code 43017	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

\$1,855.00

Total expenditures this event.

\$0.00

Page Total \$ 490.00