

# 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 Ted Brown				Registration Number, if PAC			
Street Address 5378 Old Springfield Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$100.00
City Tipp City		State OH	Zip Code 45371	Form (Cash, Check, etc.) Check			
Full Name of Contributor Heather Reed Frient				Registration Number, if PAC			
Street Address 6222 Arapahoe Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$50.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Andrea Denning				Registration Number, if PAC			
Street Address 2756 Lear Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kathleen Reardon				Registration Number, if PAC			
Street Address 359 St. Andrews Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$35.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jennifer Camper				Registration Number, if PAC			
Street Address 90 W Hubbard Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anne Petit				Registration Number, if PAC			
Street Address 161 Alton Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$100.00
City Galloway		State OH	Zip Code 43119	Form (Cash, Check, etc.) Check			
Full Name of Contributor Donald Petit				Registration Number, if PAC			
Street Address 161 Alton Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2315	\$100.00
City Galloway		State OH	Zip Code 43119	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

\$1,710.00

Total expenditures this event.

0.00

Page Total \$ 535.00