

R.C. 3517.10(B)

Event Date	6/11/2009
Page	12

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01				
Name of Committee in Full					23549886182	
Glaeden for Judge						
Full Name of Contributor			Registration Number, if PAC			
Kerry M. Donahue **						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
6295 Emerald Parkway			0 6 1 1	0 9	50.00	
City	State	Zip Code	Form(Cash,Check,e			
Dublin	OH	43016	Check			
Full Name of Contributor		1	Registration Number			
in Pane of Controllor				,		
O A 11	Employer/Occur	ation/Labor Organization*	M D	Y Amount		
Street Address	1.mployen/occup	attors babor Organization		1		
	000	77. 0-1-	Form/Cook Chook	ota)		
City	State	Zip Code	Form(Cash,Check,	a(c)		
Full Name of Contributor			Registration Numb	er, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
				B. 100		
City	State	Zip Code	Form(Cash,Check,	etc)		
on,	İ	'				
Full Name of Contributor			Registration Numb	er. if PAC		
Pun Name of Controlio				,		
	IF 1(0	ation/Labor Organization*	M D	Y Amount		
Street Address	Employer/Occup	ation/Labor Organization	IW. D	1 Amount		
City	State	Zip Code	Form(Cash,Check,	etc)		
Full Name of Contributor			Registration Numb	er, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
City	State	Zip Code	Form(Cash,Check,	etc)		
O.I.		1	,			
Full Name of Contributor	1		Registration Numb	oer, if PAC		
Full Name of Contributor						
0	TEmployar/Occur	pation/Labor Organization*	M D	Y Amount		
Street Address	Employer/Occup	Janon Labor Organization	141	, modit		
			Form(Cash,Check			
City	State	Zip Code	Form(Cash,Check			
				The second of the second of		
Full Name of Contributor			Registration Numb	per, if PAC		
Street Address	Employer/Occuj	oation/Labor Organization*	M D	Y Amount		
City	State	Zip Code	Form(Cash,Check	,etc)		
9						
	7	4				
** Previously served as a cou *Required for contributions from individuals over \$100 to state	rt-appointed	attorney durin	g term	n rather than employ	rer	
* Required for contributions from individuals over \$100 to star	ewide and general assembly	candidates. It contributor is so	areanization of which th	n ramer man employ	Ci	
should be listed. If two or more employees contribute via payre	on deduction and exceed the	aggregate of \$100, the labor	organization of which th	ie employees are		
members, if any, must appear. [R.C. 3517.10(B)(4)]	-	D-			+	
		1			1	
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 Contr 	ibutor state "Contributions fro	m form No. 31-E" and I	list the date of the ev	ent	
in the date column.						
				r		
Total contributions this event	Total expenditures the	nis event			www.	
				Page Total \$	50.00	
3,850.00				[