

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge									
Full Name of Contributor Contributions from Form No. 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
					0	7	0	7	0
					9			100.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
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City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

Page Total \$ 100.00