

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 Jon Saia		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 713 S. Front St.		Attorney		0	8	2	\$250.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kurtis Tunnell		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 3709 Scioto Run Blvd.		Attorney		0	8	2	\$250.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor George Arnold		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 3020 Dale Ave		Retired		0	8	2	\$250.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mary Mertz		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2137 Castle Crest Dr.		State of Ohio		0	8	2	\$250.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Geoffrey Smith		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 3578 Sunset Dr.				0	8	2	\$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dennis Evans		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 4006 Lyon Dr.		Attorney		0	8	2	\$250.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor James Burkart		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1967 Fraley Dr.				0	8	2	\$100.00
City Columbus		State OH	Zip Code 43235	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

\$5,800.00

Total expenditures this event.

0.00

Page Total \$ 1,450.00