

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge									
Full Name of Contributor Charles Stearns							Registration Number, if PAC		
Street Address 935 Medinah Terrace				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 0 6 1 7 1 5 Y		Amount \$25.00	
Full Name of Contributor Carpenters Local Union 200 PCE							Registration Number, if PAC		
Street Address 1545 Alum Creek Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0 6 1 8 1 5 Y		Amount \$1,000.00	
Full Name of Contributor Columbus Franklin County, AFL-CIO PCE							Registration Number, if PAC		
Street Address 1545 Alum Creek Drive, 2nd Floor				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0 6 2 2 1 5 Y		Amount \$500.00	
Full Name of Contributor FOP Political Education Fund							Registration Number, if PAC		
Street Address 6800 Schrock Hill Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43229		M 0 7 0 6 1 5 Y		Amount \$100.00	
Full Name of Contributor Thomas St. Pierre							Registration Number, if PAC		
Street Address 360 Medick Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Worthington		State OH		Zip Code 43085		M 0 7 0 6 1 5 Y		Amount \$100.00	
Full Name of Contributor Andy Franks							Registration Number, if PAC		
Street Address 2281 Sawbury Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Electronic Transfer	
City Columbus		State OH		Zip Code 43235		M 0 7 0 2 1 5 Y		Amount \$9.41	
Full Name of Contributor Richard Bunner							Registration Number, if PAC		
Street Address 5700 Tunis Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Electronic Transfer	
City Zanesville		State OH		Zip Code 43701		M 0 7 0 2 1 5 Y		Amount \$96.80	
Full Name of Contributor Heather Reed Frient							Registration Number, if PAC		
Street Address 6222 Arapahoe PI				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43017		M 0 7 0 6 1 5 Y		Amount \$200.00	

* 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)]

Page Total **\$2,031.21**