

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				
Full Name of Contributor Jodi Govern			Registration Number, if PAC	
Street Address 4066 Delancy Park Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$25.00
City Columbus	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pamela Boratyn			Registration Number, if PAC	
Street Address 46 Pinebrooke Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$25.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer French for Judge			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$150.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimberly Hickman			Registration Number, if PAC	
Street Address 262 E. Gay St.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor J. Harris Leshner			Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 0 2 1 5	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kari Hertel			Registration Number, if PAC	
Street Address 4607 Wuertz Ct.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Collins Co., LPA			Registration Number, if PAC	
Street Address 492 S. High St., 3rd Floor	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	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

\$1,485.00

Total expenditures this event.

0.00

Page Total \$ **\$510.00**