

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 Alexander Hastie		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 201 W. 1st Ave.				0 3 2 5 1 5	\$50.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Allison Lippman		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 136 N. Remington Rd.				0 3 2 5 1 5	\$50.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph Erb		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 3453 Darby Glen Blvd.				0 3 2 5 1 5	\$100.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor The Sharp Law Firm		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 133 E. Livingston Ave.				0 3 2 5 1 5	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Mathless		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 495 East Mound St., Suite B				0 3 2 5 1 5	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Anastasia Sydow		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 715 S. 5th St.				0 3 2 5 1 5	\$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurie Ludlum		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 1615 Dundee Ct.				0 3 2 5 1 5	\$100.00
City Columbus		State OH	Zip Code 43227	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$	\$600.00
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