

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 Thomas Gjostein			Employer/Occupation/Labor Organization*		M D Y	Amount	
Street Address 6720 Hayhurst St.		Attorney		0	8	2715	\$350.00
City Worthington	State OH	Zip Code 43085		Form (Cash, Check, etc.) Check			
Full Name of Contributor Larry James			Employer/Occupation/Labor Organization*		M D Y	Amount	
Street Address 1 Miranova Pl., Apt. 1040		Attorney		0	8	2715	\$250.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Check			
Full Name of Contributor Herbert for Judge			Employer/Occupation/Labor Organization*		M D Y	Amount	
Street Address 865 Macon Alley				0	8	2715	\$250.00
City Columbus	State OH	Zip Code 43206		Form (Cash, Check, etc.) Check			
Full Name of Contributor Rick Boylan			Employer/Occupation/Labor Organization*		M D Y	Amount	
Street Address 1976 Lake Shore Dr.		Consultant		0	8	2715	\$150.00
City Columbus	State OH	Zip Code 43204		Form (Cash, Check, etc.) Check			
Full Name of Contributor Riddell Law LLC			Employer/Occupation/Labor Organization*		M D Y	Amount	
Street Address 1441 King Ave., Suite 100				0	8	2715	\$250.00
City Columbus	State OH	Zip Code 43212		Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Koren			Employer/Occupation/Labor Organization*		M D Y	Amount	
Street Address 10002 Erin Woods Dr.		Consultant		0	8	2715	\$500.00
City Dublin	State OH	Zip Code 43017		Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael King Fultz			Employer/Occupation/Labor Organization*		M D Y	Amount	
Street Address 452 S. Otterbein Ave.		Attorney		0	8	2715	\$250.00
City Westerville	State OH	Zip Code 43081		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 \$ 2,000.00