

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 Carla Fox			Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 212 Greenglade Ave.				1 0 0 8 1 5		\$50.00
City Worthington	State OH	Zip Code 43085		Form (Cash, Check, etc.) Check		
Full Name of Contributor W. Michael Brady			Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 1994 Marble Cliff Crossing				1 0 0 8 1 5		\$75.00
City Columbus	State OH	Zip Code 43204		Form (Cash, Check, etc.) Check		
Full Name of Contributor Jennifer Gayle Imes Lupiba			Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 1418 Virginia Ave.				1 0 0 8 1 5		\$75.00
City Columbus	State OH	Zip Code 43212		Form (Cash, Check, etc.) Check		
Full Name of Contributor Rebecca Hurst			Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 988 Medinah Ter.				1 0 0 8 1 5		\$50.00
City Columbus	State OH	Zip Code 43235		Form (Cash, Check, etc.) Check		
Full Name of Contributor James R. Winfree			Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 1260 Marilyn Dr.				1 0 0 8 1 5		\$75.00
City Columbus	State OH	Zip Code 43220		Form (Cash, Check, etc.) Check		
Full Name of Contributor Robert Meyer, Jr.			Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 671 Vivian Ct.				1 0 0 8 1 5		\$75.00
City Gahanna	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check		
Full Name of Contributor Sylvia W. Stevens			Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 1621 Berkshire Rd.				1 0 0 8 1 5		\$50.00
City Columbus	State OH	Zip Code 43221		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

\$3,565.00

Total expenditures this event.

0.00

Page Total \$ 450.00
