

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 Colin McNamee			Registration Number, if PAC	
Street Address 231 S. Hayford Ave.	Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 5	Amount \$100.00
City Lansing	State MI	Zip Code 48912	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Pryce			Registration Number, if PAC	
Street Address 2065 Tremont Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 5	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregory Finnerty			Registration Number, if PAC	
Street Address 6013 Round Tower Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 5	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scranton Law Firm LLC			Registration Number, if PAC	
Street Address 416 W. State St., Suite 206	Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 5	Amount \$50.00
City Fremont	State OH	Zip Code 43420	Form (Cash, Check, etc.) Check	
Full Name of Contributor Hastie Legal, LLC			Registration Number, if PAC	
Street Address 1192 Grandview Ave.	Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregg Slemmer			Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 1 0 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Artz, Dewhirst & Wheeler, LLP			Registration Number, if PAC	
Street Address 560 E. Town St.	Employer/Occupation/Labor Organization*		M D Y 0 9 1 0 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

\$1,180.00

Total expenditures this event

0.00

Page Total \$ 750.00