

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 Jon Saia			Registration Number, if PAC	
Street Address 713 S. Front St.	Employer/Occupation/Labor Organization* Attorney		M 0	D 8
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$250.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Kurtis Tunnell				
Street Address 3709 Scioto Run Blvd.			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Amount \$250.00
City Hilliard	State OH	Zip Code 43026	Y 2	
			Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold				
Street Address 3020 Dale Ave			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Retired		M 0	D 8	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Y 2	
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Mertz				
Street Address 2137 Castle Crest Dr.			Registration Number, if PAC	
Employer/Occupation/Labor Organization* State of Ohio		M 0	D 8	Amount \$250.00
City Worthington	State OH	Zip Code 43085	Y 2	
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Geoffrey Smith				
Street Address 3578 Sunset Dr.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Y 2	
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis Evans				
Street Address 4006 Lyon Dr.			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Y 2	
			Form (Cash, Check, etc.) Check	
Full Name of Contributor James Burkart				
Street Address 1967 Fraley Dr.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Y 2	
			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.

0.00Page Total \$ **\$1,450.00**