

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

|   |   |                   |                                    |                    |
|---|---|-------------------|------------------------------------|--------------------|
| Name of Committee in Full<br>Glaeden for Judge  |   |                   |                                    |                    |
| Full Name of Contributor<br>Ted Brown           |   |                   | Registration Number, if PAC        |                    |
| Street Address<br>5378 Old Springfield Rd.      | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>0   9   2   3   1   5 | Amount<br>\$100.00 |
| City<br>Tipp City                               | State<br>OH                             | Zip Code<br>45371 | Form (Cash, Check, etc.)<br>Check  |                    |
| Full Name of Contributor<br>Heather Reed Frient |   |                   | Registration Number, if PAC        |                    |
| Street Address<br>6222 Arapahoe Pl.             | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>0   9   2   3   1   5 | Amount<br>\$50.00  |
| City<br>Dublin                                  | State<br>OH                             | Zip Code<br>43017 | Form (Cash, Check, etc.)<br>Check  |                    |
| Full Name of Contributor<br>Andrea Denning      |   |                   | Registration Number, if PAC        |                    |
| Street Address<br>2756 Lear Rd.                 | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>0   9   2   3   1   5 | Amount<br>\$100.00 |
| City<br>Columbus                                | State<br>OH                             | Zip Code<br>43220 | Form (Cash, Check, etc.)<br>Check  |                    |
| Full Name of Contributor<br>Kathleen Reardon    |   |                   | Registration Number, if PAC        |                    |
| Street Address<br>359 St. Andrews Dr.           | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>0   9   2   3   1   5 | Amount<br>\$35.00  |
| City<br>Dublin                                  | State<br>OH                             | Zip Code<br>43017 | Form (Cash, Check, etc.)<br>Check  |                    |
| Full Name of Contributor<br>Jennifer Camper     |   |                   | Registration Number, if PAC        |                    |
| Street Address<br>90 W Hubbard Avenue           | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>0   9   2   3   1   5 | Amount<br>\$50.00  |
| City<br>Columbus                                | State<br>OH                             | Zip Code<br>43215 | Form (Cash, Check, etc.)<br>Check  |                    |
| Full Name of Contributor<br>Anne Petit          |   |                   | Registration Number, if PAC        |                    |
| Street Address<br>161 Alton Rd.                 | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>0   9   2   3   1   5 | Amount<br>\$100.00 |
| City<br>Galloway                                | State<br>OH                             | Zip Code<br>43119 | Form (Cash, Check, etc.)<br>Check  |                    |
| Full Name of Contributor<br>Donald Petit        |   |                   | Registration Number, if PAC        |                    |
| Street Address<br>161 Alton Rd.                 | Employer/Occupation/Labor Organization* |                   | M   D   Y<br>0   9   2   3   1   5 | Amount<br>\$100.00 |
| City<br>Galloway                                | State<br>OH                             | Zip Code<br>43119 | Form (Cash, Check, etc.)<br>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

\$1,710.00

Total expenditures this event.

0.00

Page Total \$ 535.00