

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 H. Douglas Talbott		M D Y Amount 0 1 2 2 1 5 \$150.00	
Street Address 1256 Blacksmith Dr.	Employer/Occupation/Labor Organization* Public Sector Consulting	Form (Cash, Check, etc.) Check	
City Westerville	State OH Zip Code 43081	Registration Number, if PAC	
Full Name of Contributor Paul Coleman		M D Y Amount 0 1 2 2 1 5 \$100.00	
Street Address 1299 Haddon Rd.	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Columbus	State OH Zip Code 43209	Registration Number, if PAC	
Full Name of Contributor Jennifer French for Judge		M D Y Amount 0 1 2 2 1 5 \$100.00	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Columbus	State OH Zip Code 43206	Registration Number, if PAC	
Full Name of Contributor James Lewis		M D Y Amount 0 1 2 2 1 5 \$100.00	
Street Address 9230 White Oak Ln.	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Westerville	State OH Zip Code 43082	Registration Number, if PAC	
Full Name of Contributor RF Green		M D Y Amount 0 1 2 2 1 5 \$100.00	
Street Address 1084 Cloverly Dr.	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Gahanna	State OH Zip Code 43230	Registration Number, if PAC	
Full Name of Contributor Robert Meyer		M D Y Amount 0 1 2 2 1 5 \$100.00	
Street Address 671 Vivian Ct.	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Gahanna	State OH Zip Code 43230	Registration Number, if PAC	
Full Name of Contributor Thomas Seaton		M D Y Amount 0 1 2 2 1 5 \$100.00	
Street Address 5261 Hukill Rd.	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Greenfield	State OH Zip Code 45123		

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$

\$750.00