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

Event Date	9/23/2015	
Page 34		

Prescribed by Secretary of State 03/0

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor Lisa Heinbach			Registration Number, if PAC	
Street Address 2859 Eastmoreland Dr.	Employer/Occupation/Labor Organization*		M D Y Amount 0 9 2 3 1 5 \$100.00	
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Hackathorn			Registration Number, if PAC	
Street Address 2940 Middlesex Rd.	Employer/Occupation/Labor Organization*		M D Y Amount 0 9 2 3 1 5 \$100.00	
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Stevens			Registration Number, if PAC	
Street Address 595 Dyln St.	Employer/Occupa	ation/Labor Organization*	0 9 2 3 1 5 Amount \$35.00	
City Columbus	Stal te OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jean Booze			Registration Number, if PAC	
Street Address 6843 Villabrook Dr.	Employer/Occupation/Labor Organization*		0 9 2 3 1 5 \$100.00	
City Columbus	Sta te OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eric Rathburn			Registration Number, if PAC	
Street Address 9062 Barley Loft Dr.		ation/Labor Organization*	0 9 2 3 1 5 Amount \$35.00	
City Columbus	OH,	Zip Code 43240	Form (Cash, Check, etc.) Check	
Full Name of Contributor June McCarthy			Registration Number, if PAC	
Street Address 3088 Outville Rd.	Employer/Occupa	ntion/Labor Organization*	0 9 2 3 1 5 Amount \$35.00	
City Alexandria	Sta te OH	Zip Code 43001	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Detwiler			Registration Number, if PAC	
Street Address 56 S. Ardmore Rd.		ation/Labor Organization*	0 9 2 3 1 5 Amount \$35.00	
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
* Required for contributions from individuals over \$	100 to statewide and General Ass	sembly candidates. If contribu	itor is self-employed, the occupation and the name of	

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

in the date column	
Total contributions this event	Total expenditures this event.

\$1,710.00 0.00 Page Total \$ \$440.00

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)]