

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 Herbert for Judge			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Isaac J. Rinsky			Registration Number, if PAC	
Street Address 4304 Camden Cir.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor William A Sperlazza			Registration Number, if PAC	
Street Address 1914 Merganser Run Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor James K Mantel			Registration Number, if PAC	
Street Address 2569 Northwest Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael King Fultz			Registration Number, if PAC	
Street Address 452 S. Otterbein Ave.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Steinberg			Registration Number, if PAC	
Street Address 4008 the Old Poste Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Caswell			Registration Number, if PAC	
Street Address 5820 Old Ravine Ct.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43220	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

\$2,750.00

Total expenditures this event.

0.00

Page Total \$ **\$650.00**