

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 Judge Lisa. L. Sadler Committee					Registration Number, if PAC	
Street Address 100 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2715	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Amarendra Sinha					Registration Number, if PAC	
Street Address 106 Abbott Ave.					Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Y 2715	Amount \$50.00	
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Cohen					Registration Number, if PAC	
Street Address 1657 Wingate Dr.					Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Y 2715	Amount \$100.00	
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check			
Full Name of Contributor Phillip Barrett					Registration Number, if PAC	
Street Address 11 Alban Mews					Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Y 2715	Amount \$100.00	
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ralph Breitfeller					Registration Number, if PAC	
Street Address 987 Montrose Ave.					Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Y 2715	Amount \$100.00	
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank Stavroff					Registration Number, if PAC	
Street Address 7212 Landon Lane					Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Y 2715	Amount \$100.00	
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor S. Michael Miller					Registration Number, if PAC	
Street Address 4722 Shire Ridge Rd. W.					Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 9	Y 2715	Amount \$100.00	
City Hilliard	State OH	Zip Code 43026	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

\$2,575.00

Total expenditures this event.

0.00

Page Total \$ 700.00
