

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Gladden for Judge				Registration Number, if PAC	
Full Name of Contributor Woody Fox		Employer/Occupation/Labor Organization*		M D Y	Amount
Street Address 289 S. Third St.				0 4 0 9 1 5	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Committee for Judge Brandt				Registration Number, if PAC	
Street Address 865 Macon Alley		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43206	0 4 0 9 1 5	\$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Underhill Yaross LLC Operating Account				Registration Number, if PAC	
Street Address 8000 Walton Pkwy., Suite 260		Employer/Occupation/Labor Organization*		M D Y	Amount
City New Albany		State OH	Zip Code 43054	0 4 0 9 1 5	\$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Paul Ghidotti				Registration Number, if PAC	
Street Address 6840 Macneil Dr.		Employer/Occupation/Labor Organization*		M D Y	Amount
City Dublin		State OH	Zip Code 43017	0 4 0 9 1 5	\$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor R. Craig Sonksen				Registration Number, if PAC	
Street Address 5679 Haddington Dr.		Employer/Occupation/Labor Organization*		M D Y	Amount
City Dublin		State OH	Zip Code 43017	0 4 0 9 1 5	\$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Samuel Horner				Registration Number, if PAC	
Street Address 106 Buttles Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43215	0 4 0 9 1 5	\$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Earl Cantrell, Jr.				Registration Number, if PAC	
Street Address 5300 Cemetery Rd.		Employer/Occupation/Labor Organization*		M D Y	Amount
City Hilliard		State OH	Zip Code 43026	0 4 0 9 1 5	\$250.00
				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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,550.00