

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>					
Full Name of Contributor <b>Rasheeda Zamani Khan</b>				Registration Number, if PAC	
Street Address <b>551 S. Grant Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Dominic Mango</b>				Registration Number, if PAC	
Street Address <b>5649 Van Wert Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>George J. Arnold</b>				Registration Number, if PAC	
Street Address <b>3020 Dale Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43209</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Catherine A. Cunningham</b>				Registration Number, if PAC	
Street Address <b>5367 Hessler Circle</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jo E. Kaiser *</b>				Registration Number, if PAC	
Street Address <b>389 Library Ct.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>David C. Young *</b>				Registration Number, if PAC	
Street Address <b>495 S. High Street, Suite 400</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Melissa M. Gast</b>				Registration Number, if PAC	
Street Address <b>1281 Bluff Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>0</b>
City <b>Grandview</b>	State <b>O</b>	Zip Code <b>43212</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	

\* Franklin County Court Appointee

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

Total expenditures this event

Page Total \$ 350.00