

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 Judge Lisa. L. Sadler Committee			Registration Number, if PAC	
Street Address 100 S. Third St.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	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.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	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.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	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	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	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.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	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	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	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.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	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.

0.00Page Total \$ **\$700.00**