

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge						
Full Name of Contributor Michael W. Tanner			Registration Number, if PAC			
Street Address 325 Blandford Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 50.00
City Worthington	State O	Zip Code 43085	Form(Cash, Check, etc) Check			
Full Name of Contributor Kristin L. Watt			Registration Number, if PAC			
Street Address 4445 Castleton Road, W	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43220	Form(Cash, Check, etc) Check			
Full Name of Contributor James K. Hunter, III			Registration Number, if PAC			
Street Address 529 S. Third Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Charley Hess			Registration Number, if PAC			
Street Address 7211 Sawmill Road, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Dublin	State O	Zip Code 43016	Form(Cash, Check, etc) Check			
Full Name of Contributor Sanford J. Cohan *			Registration Number, if PAC			
Street Address 2500 Corporate Exchange Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 4	Y 2	Amount 275.00
City Columbus	State O	Zip Code 43231	Form(Cash, Check, etc) Check			
Full Name of Contributor Herbert for Judge			Registration Number, if PAC			
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 275.00
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check			
Full Name of Contributor Steven Mathless *			Registration Number, if PAC			
Street Address 800 E. Broad Street	Employer/Occupation/Labor Organization* Attorney		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	Zip Code 43205	Form(Cash, Check, etc) Check			

* 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 \$ 1,000.00