

31-	E
R.C.	3517.10(B)

Event Date	7/7/2009
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 02/01				
Name of Committee in Full						
Glaeden for Judge						
Full Name of Contributor	Name of Contributor			Registration Number, if PAC		
Ohio Bail Agents Association	n					
Street Address		upation/Labor Organization*	M D	Y Amount		
P.O. Box 450				0 9	100.00	
City	State	Zip Code	0 5 0 4 Form(Cash,Check,			
North Jackson	OIH	1 -	Check			
Full Name of Contributor			Registration Numb			
i in reality of Controller				,		
Street Address	Employer/Occ	M D	Y Amount			
Succi Address	2	Employer/Occupation/Labor Organization*				
City	State	Zip Code	Form(Cash,Check,	etc)		
uny	j state	Dip Code	1 0(0.10,0.11,	,		
Full Name of Contributor			Registration Numb	er if PAC		
run Name of Contributor			registration i vamo	,		
Carra A J.L.	Employar/Occ	upation/Labor Organization*	M D	Y Amount		
Street Address	Employer/Occ	upanon/Lavor Organization	141   1		7220	
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City	State	Zip Code	Form(Cash,Check,	,e(c)	-	
				igna G		
Full Name of Contributor			Registration Numb	er, it PAC		
				37 11.	<b>-</b>	
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount		
City	State	Zip Code	Form(Cash,Check	etc)		
Full Name of Contributor			Registration Numb	oer, if PAC		
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount		
				1		
City	State	Zip Code	Form(Cash,Check	,etc)		
Full Name of Contributor	·		Registration Numb	oer, if PAC		
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount		
City	State	Zip Code	Form(Cash,Check	,etc)		
Full Name of Contributor	Name of Contributor					
Street Address	Employer/Occ	upation/Labor Organization*	M D	Y Amount		
	, , ,					
City	State	Zip Code	Form(Cash,Check	,etc)		
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				(2000)		
	0	didetes IC soutaibutou is s	olf amplayed accountie	n rather than ample	1105	
* Required for contributions from individuals over \$10	o to statewide and general assemb	y candidates, if contributor is so	organization of which 4	n ramer man emplo	yes	
should be listed. If two or more employees contribute w	na payron deduction and exceed tr	te aggregate of \$100, the labor	organization of which th	ic employees are	I	
nembers, if any, must appear. [R.C. 3517.10(B)(4)]		<del></del>				
THE district Education and the same Education	ant	•			•	
Fill in the boxes below only on the last page for this ev Transfer the Total contributions for this event to form?		atributor etata "Contributions for	om form No. 21 Ell on 4	liet the date of the a	vent	
	NO. 51-A. Under Full Name of Col	infoutor state. Contributions fro	an torm ino. 31-E. and	not the date of the e	YOUL	
n the date column.						
Futal contributions this areast	Total expenditures	this event				
Total contributions this event	i otai expenditures	uns even		Page Total \$	100.00	
100.00				l age rotal \$	100.00	
100.00				1		