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R	C	351	7.	10

## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full	<del> </del>					· · · · · · · · · · · · · · · · · · ·		
Glaeden for Judge								
Full Name of Contributor					Registration Number, if PAC			
Contributions from Form 31-E								
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 4	D 1 4	Y 0   5	Amount 8,375.00		
Full Name of Contributor	•				nber, if PA			
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	nber, if PA	C						
Street Address	Employer/Occup	yer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	.c							
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization			MANUS. "1	Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	nber, if PA	C						
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Re					Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PA						С		
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		

\* Required for contributions 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)

Page Total \$ 8,375.00