

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				Registration Number, if PAC			
Full Name of Contributor Mary Yoder		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 5177 Old Field Ct.		Retired Nurse		0	1	2	\$200.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Luann Snyder		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 933 Carron Cir.		Attorney		0	1	2	\$250.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check			
Full Name of Contributor RK Kerns		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1902 Lake Shore Dr.		Attorney		0	1	2	\$500.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check			
Full Name of Contributor Woodrow Fox		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 233 North Bend Dr.				0	1	2	\$100.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor James Burkhardt		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1967 Fraley Dr.				0	1	2	\$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Steven Larson		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 4967 Smoketalk Ln.				0	1	2	\$100.00
City Columbus		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor George Arnold		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 3020 Dale Ave.				0	1	2	\$100.00
City Columbus		State OH	Zip Code 43209	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,350.00