

R.C. 3517.10(B)

Event Date	3/5/2009
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## 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			Registration Number, if PAC	
Nicholas Vassy				
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount	
555 S. Third Street			0 3 0 5 0 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O   H	43215	Cash	
Full Name of Contributor			Registration Number, if PAC	
Drew Baker				
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount	
50 W. Broad Street, Suite 1814			0 3 0 5 0 9	50.00
City	1 1	Zip Code	Form(Cash,Check,etc)	
Columbus	O   H	43215	Cash	
Full Name of Contributor			Registration Number, if PAC	
Paul Morrison *				
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount	
1001 Esther Drive	Attorney		0 3 0 5 0 9	50.00
City		Zip Code	Form(Cash,Check,etc)	
Columbus	O   H	43207	Cash	$\Psi$
Full Name of Contributor			Registration Number, if PAC	
Janie Roberts *				
Street Address		on/Labor Organization*	M D Y Amount	
350 S. High Street, Suite 200	Attorney		0 3 0 5 0 9	50.00
City		Zip Code	Form(Cash,Check,etc)	
Columbus	O   H	43215	Cash	
Full Name of Contributor			Registration Number, if PAC	
Glenn P. Willer		MANAGEMENT OF THE PARTY OF THE		
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount	
2537 Chester Road			0 3 0 5 0 9	60.00
City		Zip Code	Form(Cash,Check,etc)	
Upper Arlington	$O \mid H \mid$	43221	Cash	
Full Name of Contributor			Registration Number, if PAC	
Dennis G. Day *				
Street Address	1	on/Labor Organization*	M D Y Amount	<b>=</b> 0.00
330 S. High Street	Attorney		0 3 0 5 0 9	50.00
City		Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Cash	
Full Name of Contributor			Registration Number, if PAC	
D. Michael Grodhaus	- In 1 6	~		
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount	100.00
107 S. High Street, Suite 450	- A	7' 0 1	0 3 0 5 0 9	100.00
Calmalana	1 1	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	
* Franklin County Court Appoint	ee			
* Required for contributions from individuals over \$100 to statewide a				r
should be listed. If two or more employees contribute via payroll dedu	ction and exceed the agg	gregate of \$100, the labor o	rganization of which the employees are	1 1
members, if any, must appear. [R.C. 3517.10(B)(4)]		<del>)-</del>		10
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	r Full Name of Contribu	tor state "Contributions from	n form No. 31-E" and list the date of the eye	ent.
in the date column.	. I an I tame of Contibu	tor state Contributions HOI	in form 110, 51-15 and list the date of the eve	11t
TO THE STATE OF TH				
Total contributions this event	Total expenditures this e	event		
			Page Total \$	410.00
		1		