

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 Charles W. Kranstuber			Registration Number, if PAC			
Street Address 5512 Caplestone Lane	Employer/Occupation/Labor Organization*		M 0	D 9	Y 18	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Ronald L. Geese			Registration Number, if PAC			
Street Address 5584 Brand Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 18	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Harland Hale			Registration Number, if PAC			
Street Address 6637 Merwin Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 18	Amount 50.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard S. Gerber			Registration Number, if PAC			
Street Address 6125 Karrer Place	Employer/Occupation/Labor Organization*		M 0	D 9	Y 18	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert L. Ellis			Registration Number, if PAC			
Street Address P.O. Box 211046, 156 N. Oakley	Employer/Occupation/Labor Organization*		M 0	D 9	Y 18	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor S. Michael Miller			Registration Number, if PAC			
Street Address 4722 Shire Ridge W	Employer/Occupation/Labor Organization*		M 0	D 9	Y 18	Amount 100.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor William W. Lamkin			Registration Number, if PAC			
Street Address 500 S. Front Street, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 9	Y 18	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			

* 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 \$ 650.00