

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				
Full Name of Contributor Steven Mathless			Registration Number, if PAC	
Street Address 495 E. Mound St., Suite B	Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Riggins			Registration Number, if PAC	
Street Address 406 Shale Ridge Ct.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 1 5	Amount \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jon Saia			Registration Number, if PAC	
Street Address 713 S. Front St.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis Kaps			Registration Number, if PAC	
Street Address 61 Leland Ave.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 1 5	Amount \$35.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jo Kaiser			Registration Number, if PAC	
Street Address 389 Library Park Ct.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 1 5	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Miller			Registration Number, if PAC	
Street Address 555 City Park Ave.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paul Morrison			Registration Number, if PAC	
Street Address 1001 Estner Dr.	Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43207	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

\$1,855.00

Total expenditures this event.

\$0.00

Page Total \$ 370.00