

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 Robert Beck, Jr.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$25.00
Street Address 12465 Brown Moder Rd.				0	4	0	
City Marysville		State OH	Zip Code 43040	9	1	5	
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Schwind				Registration Number, if PAC			
Street Address 8825 Dunsinane Dr.		Employer/Occupation/Labor Organization* Arlington Medical		M 0	D 4	Y 0	Amount \$500.00
City Dublin		State OH	Zip Code 43017	0	4	0	
				9	1	5	
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Harvey Samuels				Registration Number, if PAC			
Street Address 500 S. Front St., Suite 1150		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$100.00
City Columbus		State OH	Zip Code 43215	0	4	0	
				9	1	5	
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Joel Campbell				Registration Number, if PAC			
Street Address 575 S. Third St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$100.00
City Columbus		State OH	Zip Code 43215	0	4	0	
				9	1	5	
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Peterson, Connors, Fergus & Peer LLP				Registration Number, if PAC			
Street Address Two Miranova Place, Suite 330		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$700.00
City Columbus		State OH	Zip Code 43215	0	4	0	
				9	1	5	
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Gary J. Gottfried Co., LPA				Registration Number, if PAC			
Street Address 608 Office Parkway, Suite B		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$200.00
City Westerville		State OH	Zip Code 43082	0	4	0	
				9	1	5	
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Weiler				Registration Number, if PAC			
Street Address 10 N. High St., Suite 401		Employer/Occupation/Labor Organization* Real Estate/Attorney		M 0	D 4	Y 0	Amount \$250.00
City Columbus		State OH	Zip Code 43215	0	4	0	
				9	1	5	
				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 \$ 1,875.00