

# 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 Mike Neri			Registration Number, if PAC	
Street Address 4518 Bradford Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   8   1   5	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Courtney Bradford			Registration Number, if PAC	
Street Address 4518 Bradford Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   8   1   5	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Dimitri Makridis			Registration Number, if PAC	
Street Address 625 City Park Ave.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   8   1   5	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Yasmine Almikhi			Registration Number, if PAC	
Street Address 1302 Cross Country Dr.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   8   1   5	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Geoffrey Smith			Registration Number, if PAC	
Street Address 3578 Sunset Dr.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   8   1   5	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Allison Lippman			Registration Number, if PAC	
Street Address 136 N. Remington Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   8   1   5	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor James M. Cutter			Registration Number, if PAC	
Street Address 2601 Coventry Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   2   8   1   5	Amount \$100.00
City Columbus	State OH	Zip Code 43221	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

\$2,750.00

Total expenditures this event.

0.00

Page Total \$ 500.00