

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 Lee Ann Rabe		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 3069 Woodbine Pl.				0 5 1 4 1 5	\$50.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Check		
Full Name of Contributor James Stempien		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 1300 Pinnacle Dr.				0 5 1 4 1 5	\$25.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check		
Full Name of Contributor Sunbury Law Offices		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 250 Civic Center Dr., Suite 600				0 5 1 4 1 5	\$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Halabi Law, LLC		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 88 W. Main St.				0 5 1 4 1 5	\$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Nathan Akamine		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 844 S. Front St.				0 5 1 4 1 5	\$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		
Full Name of Contributor Desanto & McNichols Attorney at law		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 887 S. High St.				0 5 1 4 1 5	\$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		
Full Name of Contributor Toure McCord		Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 844 S. Front St.				0 5 1 4 1 5	\$100.00
City Columbus	State OH	Zip Code 43206	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 \$ 575.00