

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 Woody Fox				Amount	
Street Address 289 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0915
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash		\$100.00
Full Name of Contributor Committee for Judge Brandt				Registration Number, if PAC	
Street Address 865 Macon Alley				Amount	
Employer/Occupation/Labor Organization*		M 0	D 4	Y 0915	\$250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		
Full Name of Contributor Underhill Yaross LLC Operating Account				Registration Number, if PAC	
Street Address 8000 Walton Pkwy., Suite 260				Amount	
Employer/Occupation/Labor Organization*		M 0	D 4	Y 0915	\$200.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		
Full Name of Contributor Paul Ghidotti				Registration Number, if PAC	
Street Address 6840 Macneil Dr.				Amount	
Employer/Occupation/Labor Organization* Daimler Group		M 0	D 4	Y 0915	\$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		
Full Name of Contributor R. Craig Sonksen				Registration Number, if PAC	
Street Address 5679 Haddington Dr.				Amount	
Employer/Occupation/Labor Organization* Krema Peanut Butter-Exec		M 0	D 4	Y 0915	\$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		
Full Name of Contributor Samuel Horner				Registration Number, if PAC	
Street Address 106 Buttles Ave.				Amount	
Employer/Occupation/Labor Organization* Real Estate		M 0	D 4	Y 0915	\$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Earl Cantrell, Jr.				Registration Number, if PAC	
Street Address 5300 Cemetery Rd.				Amount	
Employer/Occupation/Labor Organization* Owner- Hilliard Lawn & Ga		M 0	D 4	Y 0915	\$250.00
City Hilliard	State OH	Zip Code 43026	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 \$ **\$1,550.00**