

Event Date 3/5/2009

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge					
Full Name of Contributor Andrew E. Lyles				Registration Number, if PAC	
Street Address 3590 Toy Road	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Groveport	State O	Zip Code 43125	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor John H. Bates *				Registration Number, if PAC	
Street Address 495 S. High Street, Suite 400	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor IBEW - COPE				Registration Number, if PAC	
Street Address 900 Seventh Street, NW	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Washington	State D	Zip Code 20001	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Robert A. Koblentz				Registration Number, if PAC	
Street Address 2205 Fairfax Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Laura M. Nesbitt *				Registration Number, if PAC	
Street Address 2657 Amberwick Pl.	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 0
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Rhonda K. Ferguson				Registration Number, if PAC	
Street Address 2336 Willowside Lane	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Grove City	State O	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Martin C. Nobile **				Registration Number, if PAC	
Street Address 5630 Congressional Pl., Apt. E	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 50.00

* **Franklin County Court Appointee** ** **Previously served as court-appointed attorney during term**
 * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

Total expenditures this event

Page Total \$ 825.00