

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 Price Finley			Registration Number, if PAC	
Street Address 3406 Colchester Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Glenn Himes			Registration Number, if PAC	
Street Address 3918 Bramford Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lisa Farber			Registration Number, if PAC	
Street Address 1975 Wickford Rd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Carole Chidester			Registration Number, if PAC	
Street Address 1800 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43212	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Suzanne Widing			Registration Number, if PAC	
Street Address 1251 Kenbrook Hills Dr.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Andrioff			Registration Number, if PAC	
Street Address 22 E. Gay St., Suite 400	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sherry Seimer			Registration Number, if PAC	
Street Address 1833 Marblecliff Crossing Ct.	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43204	Y 0	Amount \$100.00
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

\$3,565.00

Total expenditures this event.

0.00

Page Total \$ \$600.00
