

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 Tom Lindsey			Registration Number, if PAC	
Street Address 4740 Strayer Dr.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 8 1 5	Amount \$250.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis P. Evans			Registration Number, if PAC	
Street Address 4006 Lyon Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joslyn Law Firm, LLC			Registration Number, if PAC	
Street Address 901 S. High St.	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.) Check	
Full Name of Contributor Jeffrey T. Stavroff			Registration Number, if PAC	
Street Address 250 Daniel Burnham Sq., Unit 307	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 8 1 5	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor William L. Smead			Registration Number, if PAC	
Street Address 2530 Sherwin Rd.	Employer/Occupation/Labor Organization* Retired		M D Y 0 9 2 8 1 5	Amount \$150.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Nesbitt			Registration Number, if PAC	
Street Address 7600 Forest Knoll Dr.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 8 1 5	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor David P. Reiser			Registration Number, if PAC	
Street Address 2 Miranova Pl, Suite 710	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	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 \$ 900.00