

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 Huey Defense Firm, LLC			Registration Number, if PAC	
Street Address 3240 Henderson Rd., Suite B	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sheila Panchal Vitale			Registration Number, if PAC	
Street Address 879 Aylesbury Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Hackathorn			Registration Number, if PAC	
Street Address 2490 Middlesex Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jessica Jones			Registration Number, if PAC	
Street Address 1810 Kings Ave Ct., Apt B	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Dimon, Jr.			Registration Number, if PAC	
Street Address 21 W. Broad St, Suite 700	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Catherine Harper-Lee			Registration Number, if PAC	
Street Address 2441 Shillingham Ct.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Conard, II			Registration Number, if PAC	
Street Address 7727 Sudbrook Sq.	Employer/Occupation/Labor Organization*		M D Y 0 9 0 2 1 5	Amount \$100.00
City New Albany	State OH	Zip Code 43054	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

\$1,485.00

Total expenditures this event.

0.00

Page Total \$ **\$650.00**