

# 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 Janet Jackson				Registration Number, if PAC			
Street Address 2865 Castlewood Rd.		Employer/Occupation/Labor Organization* United Way of Central OH		M	D	Y	Amount
City Columbus		State OH	Zip Code 43209	0	9	2	\$150.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Stanley D. Ross				Registration Number, if PAC			
Street Address 1660 W. Henderson Rd.		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
City Columbus		State OH	Zip Code 43220	0	9	2	\$200.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas Taneff Co., LPA				Registration Number, if PAC			
Street Address 250 Civic Center Dr., Suite 210		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	9	2	\$75.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Cindy Debellis				Registration Number, if PAC			
Street Address 6621 Karsten Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Blacklick		State OH	Zip Code 43004	0	9	2	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert D. Marotta				Registration Number, if PAC			
Street Address 2294 Club Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43221	0	9	2	\$250.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
				Form (Cash, Check, etc.)			

\* 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

\$2,575.00

Total expenditures this event.

0.00

Page Total \$ 775.00