

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 William Ireland		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 85 Liberty St.				0	1	2	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Michael Fultz		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 452 S. Otterbein				0	1	2	\$100.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Weiler		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 10 N. High St., Suite 401				0	1	2	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Riddell Law LLC		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1335 Dublin Rd., Suite 220A				0	1	2	\$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor David Pariser		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 2557 Bexley Park Rd.				0	1	2	\$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jill Reardon		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 4762 River Run Dr.				0	1	2	\$100.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Gregory Peterson		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 7300 Penneyroyal Pl.		Attorney		0	1	2	\$150.00
City Dublin		State OH	Zip Code 43017	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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 900.00