

# 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 Anne Lawyer				Registration Number, if PAC	
Street Address 1633 Merrick Rd.		Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   8   1   5	Amount \$100.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy Rummel				Registration Number, if PAC	
Street Address 3909 Stonewater Dr.		Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   8   1   5	Amount \$75.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Armstrong				Registration Number, if PAC	
Street Address 872 Pipestone Dr.		Employer/Occupation/Labor Organization* Self Employed		M   D   Y 1   0   0   8   1   5	Amount \$600.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Maria Armstrong				Registration Number, if PAC	
Street Address 872 Pipestone Dr.		Employer/Occupation/Labor Organization* Attorney		M   D   Y 1   0   0   8   1   5	Amount \$200.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bricker & Eckler LLP PAC				Registration Number, if PAC OH 821	
Street Address 100 S. Third St.		Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   8   1   5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	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

\$3,565.00

Total expenditures this event.

0.00

Page Total \$ 1,475.00