

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

|   |  |                          |   |                           |
|---|--|--------------------------|---|---------------------------|
| Name of Committee in Full<br><b>Glaeden for Judge</b>                       |  |                          |   |                           |
| Full Name of Contributor<br><b>Robert Beck, Jr.</b>                         |  |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>12465 Brown Moder Rd.</b>                              | Employer/Occupation/Labor Organization*                                |                          | M   D   Y<br><b>0   4   0   9   1   5</b> | Amount<br><b>\$25.00</b>  |
| City<br><b>Marysville</b>   | State<br><b>OH</b>   | Zip Code<br><b>43040</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Michael Schwind</b>                          |  |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>8825 Dunsinane Dr.</b>                                 | Employer/Occupation/Labor Organization*<br><b>Arlington Medical</b>    |                          | M   D   Y<br><b>0   4   0   9   1   5</b> | Amount<br><b>\$500.00</b> |
| City<br><b>Dublin</b>   | State<br><b>OH</b>   | Zip Code<br><b>43017</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Harvey Samuels</b>                           |  |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>500 S. Front St., Suite 1150</b>                       | Employer/Occupation/Labor Organization*                                |                          | M   D   Y<br><b>0   4   0   9   1   5</b> | Amount<br><b>\$100.00</b> |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Joel Campbell</b>                            |  |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>575 S. Third St.</b>                                   | Employer/Occupation/Labor Organization*                                |                          | M   D   Y<br><b>0   4   0   9   1   5</b> | Amount<br><b>\$100.00</b> |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Peterson, Conners, Fergus &amp; Peer LLP</b> |  |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>Two Miranova Place, Suite 330</b>                      | Employer/Occupation/Labor Organization*                                |                          | M   D   Y<br><b>0   4   0   9   1   5</b> | Amount<br><b>\$700.00</b> |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Gary J. Gottfried Co., LPA</b>               |  |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>608 Office Parkway, Suite B</b>                        | Employer/Occupation/Labor Organization*                                |                          | M   D   Y<br><b>0   4   0   9   1   5</b> | Amount<br><b>\$200.00</b> |
| City<br><b>Westerville</b>  | State<br><b>OH</b>   | Zip Code<br><b>43082</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |
| Full Name of Contributor<br><b>Robert Weiler</b>                            |  |                          | Registration Number, if PAC               |                           |
| Street Address<br><b>10 N. High St., Suite 401</b>                          | Employer/Occupation/Labor Organization*<br><b>Real Estate/Attorney</b> |                          | M   D   Y<br><b>0   4   0   9   1   5</b> | Amount<br><b>\$250.00</b> |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Check</b>  |                           |

\* 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 \$ **\$1,875.00**