

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 Woody Fox			Registration Number, if PAC	
Street Address 289 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Committee for Judge Brandt			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43206	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Underhill Yaross LLC Operating Account			Registration Number, if PAC	
Street Address 8000 Walton Pkwy., Suite 260	Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany	State OH	Zip Code 43054	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Paul Ghidotti			Registration Number, if PAC	
Street Address 6840 Macneil Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin	State OH	Zip Code 43017	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor R. Craig Sonksen			Registration Number, if PAC	
Street Address 5679 Haddington Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin	State OH	Zip Code 43017	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Samuel Horner			Registration Number, if PAC	
Street Address 106 Buttlers Ave.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Earl Cantrell, Jr.			Registration Number, if PAC	
Street Address 5300 Cemetery Rd.	Employer/Occupation/Labor Organization*		M 0	D 4
City Hilliard	State OH	Zip Code 43026	Y 0	Amount \$250.00
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 \$ **\$1,550.00**