

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 Lisa Heinbach					Registration Number, if PAC	
Street Address 2859 Eastmoreland Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43209	0	9	2
				3	1	5
				Amount \$100.00		
				Form (Cash, Check, etc.) Check		
Full Name of Contributor Deborah Hackathorn					Registration Number, if PAC	
Street Address 2940 Middlesex Rd.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43220	0	9	2
				3	1	5
				Amount \$100.00		
				Form (Cash, Check, etc.) Check		
Full Name of Contributor Mary Stevens					Registration Number, if PAC	
Street Address 595 Dylm St.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43228	0	9	2
				3	1	5
				Amount \$35.00		
				Form (Cash, Check, etc.) Check		
Full Name of Contributor Jean Booze					Registration Number, if PAC	
Street Address 6843 Villabrook Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43235	0	9	2
				3	1	5
				Amount \$100.00		
				Form (Cash, Check, etc.) Check		
Full Name of Contributor Eric Rathburn					Registration Number, if PAC	
Street Address 9062 Barley Loft Dr.		Employer/Occupation/Labor Organization*		M	D	Y
City Columbus		State OH	Zip Code 43240	0	9	2
				3	1	5
				Amount \$35.00		
				Form (Cash, Check, etc.) Check		
Full Name of Contributor June McCarthy					Registration Number, if PAC	
Street Address 3088 Outville Rd.		Employer/Occupation/Labor Organization*		M	D	Y
City Alexandria		State OH	Zip Code 43001	0	9	2
				3	1	5
				Amount \$35.00		
				Form (Cash, Check, etc.) Check		
Full Name of Contributor Jennifer Detwiler					Registration Number, if PAC	
Street Address 56 S. Ardmore Rd.		Employer/Occupation/Labor Organization*		M	D	Y
City Bexley		State OH	Zip Code 43209	0	9	2
				3	1	5
				Amount \$35.00		
				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

\$1,710.00

Total expenditures this event

0.00

Page Total \$ \$440.00