

3.1-E R.C. 3517.10(B)

Event Date	6/11/2009
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secret	ary of State 02/01		
Name of Committee in Full				
Glaeden for Judge				
Full Name of Contributor			Registration Number, if PAC	
Ross & Midian		* 1 O		
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	100.00
577 South High Street		T - C - 1 -	0 6 1 1 0 9 Form(Cash, Check, etc)	100.00
City	State Z	Tip Code 43215		12 de 1
Columbus	IUIDI	43213	Registration Number, if PAC	
Full Name of Contributor			Registration Number, if I AC	
Sheryl K. Munson Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
3700 Rivervail Drive	Employen Occupani	ora Datoor Organization	0 6 1 1 0 9	100.00
City	State 2	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	OH	43221	Check	
Full Name of Contributor		10111	Registration Number, if PAC	
Ion I. Saia **			100000000000000000000000000000000000000	
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount	
	Employer, cocapaa	om nacor organization	0 6 1 1 0 9	100.00
713 S. Front Street	State 2	Zip Code	Form(Cash,Check,etc)	
_{City} Columbus	OH	43206	Check	
Full Name of Contributor		40200	Registration Number, if PAC	· ·
			registration runner, ix 1710	
Frederick T. Moses Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount	
	Employer/Occupan	Olveador Organization	0 6 1 1 0 9	100.00
19538 Carroll Road	State 2	Zip Code	E (0 1 01 1 ()	
City Description: According to the control of the	OH	43149	Cl I.	
Rockbridge		せいエン	Registration Number, if PAC	
Full Name of Contributor			Registration Number, if The	
Barnhart Law Office, LLC	Employer/Occupati	on/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupan	Oil Labor Organization	0 6 1 1 0 9	75.00
595 1/2 S. Third Street	State	Zip Code	Form(Cash Check etc)	
Columbus	OH	43215	Check	
Full Name of Contributor		70210	Registration Number, if PAC	
Gallagher, Gams, Pryor, Tallan	l-TittrollTID		registration ratios, ir rec	
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount	
471 E. Broad Street, 19th Floor	Employen Geeupan	on Digital of	0 6 1 1 0 9	50.00
City	State	Zip Code	Form(Cash,Check,etc)	00:00
Columbus	OH	43215		and the second second
Full Name of Contributor		-10210	Registration Number, if PAC	
Newhouse, Prophater, Letcher	8- Moote IIC		,	
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
5025 Arlington Centre Blvd., St	L L	ion Labor Organization	0 6 1 1 0 9	50.00
City		Zip Code		00.00
Columbus	OH	43220	Check	
** Previously served as a co *Required for contributions from individuals over \$100 to s	ourt appointee d	uring term	elf-employed occupation rather than employ	ver
should be listed. If two or more employees contribute via pa	wroll deduction and exceed the ag	gregate of \$100 the labor	organization of which the employees are	-
members, if any, must appear. [R.C. 3517.10(B)(4)]	,.on co	5 -5,		1
momooto, it mij, must appour. [Ex.C. 5517.17(5)(7)]	4	7		1
Fill in the boxes below only on the last page for this event.				
Transfer the Total contributions for this event to form No. 3	I-A. Under Full Name of Contribu	utor state "Contributions fro	om form No. 31-E" and list the date of the ev	vent
in the date column.				
			3	
Total contributions this event	Total expenditures this	event		
			Page Total \$	575.00