

# 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 Mark C Collins Co. LPA				M D Y Amount 0 3 2 5 1 5 \$100.00			
Street Address 492 S. High St., 3rd Floor		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43215		Registration Number, if PAC			
Full Name of Contributor Meredith O'Brien				M D Y Amount 0 3 2 5 1 5 \$100.00			
Street Address 26 Baldwin St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Hudson	State OH	Zip Code 44236		Registration Number, if PAC			
Full Name of Contributor Law Firm of Megan E Grant				M D Y Amount 0 3 2 5 1 5 \$100.00			
Street Address 1188 South High St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43206		Registration Number, if PAC			
Full Name of Contributor Jeffrey Stavroff				M D Y Amount 0 3 2 5 1 5 \$100.00			
Street Address 250 Daniels Burnham Sq., Unit 307		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43215		Registration Number, if PAC			
Full Name of Contributor William Nesbit				M D Y Amount 0 3 2 5 1 5 \$100.00			
Street Address 2657 Amberwick Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Hilliard	State OH	Zip Code 43026		Registration Number, if PAC			
Full Name of Contributor Steven Steinberg				M D Y Amount 0 3 2 5 1 5 \$100.00			
Street Address 4008 The Old Poste Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43221		Registration Number, if PAC			
Full Name of Contributor The Steven T Fox Law Firm LLC				M D Y Amount 0 3 2 5 1 5 \$150.00			
Street Address 2335 Yuma Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City London	State OH	Zip Code 43140		Registration Number, if PAC			

\* 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
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Total expenditures this event

\$0.00
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Page Total \$	\$750.00
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