

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 Carla Fox			Registration Number, if PAC	
Street Address 212 Greenglade Ave.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 5	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor W. Michael Brady			Registration Number, if PAC	
Street Address 1994 Marble Cliff Crossing	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 5	Amount \$75.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Gayle Imes Lupiba			Registration Number, if PAC	
Street Address 1418 Virginia Ave.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 5	Amount \$75.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rebecca Hurst			Registration Number, if PAC	
Street Address 988 Medinah Ter.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor James R. Winfree			Registration Number, if PAC	
Street Address 1260 Marlyn Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 5	Amount \$75.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Meyer, Jr.			Registration Number, if PAC	
Street Address 671 Vivian Ct.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 5	Amount \$75.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sylvia W. Stevens			Registration Number, if PAC	
Street Address 1621 Berkshire Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43221	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

\$3,565.00

Total expenditures this event.

0.00

Page Total \$ **\$450.00**