

Event Date	7/7/2009
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01						
Name of Committee in Full								
Glaeden for Judge				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	***************************************			
Full Name of Contributor			Registrat	ion Num	ber, if Pa	AC		
Herbert for Judge	In the Month		M	D	T 3/	NA		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	Amount	900.00	
865 Macon Alley	State	Zip Code	0 3 Form(Ca	0 9			900.00	
^{City} Columbus	OH	43206		Chec!				
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Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
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Full Name of Contributor		Registration Number, if PAC						
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City	State	Zip Code	Form(Ca	sh,Checl	k,etc)		and the second	
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* Required for contributions from individuals over \$100	-						-	
should be listed. If two or more employees contribute vi	a payroll deduction and exceed the	aggregate of \$100, the labor o	organization of	f which t	he emplo	oyees are	1	1
members, if any, must appear. [R.C. 3517.10(B)(4)]	-	D-						+
Till in the house helper only on the last page for this ever	nt	1					•	•
Fill in the boxes below only on the last page for this even Transfer the Total contributions for this event to form No		ibutor state "Contributions from	m form No. 31	-E" and	list the o	late of the ever	nt	
in the date column.	/ onder / all frame of Cond	January Commondations Hot				0 0. 0.0.		
Total contributions this event	Total expenditures th	is event						
					Pa	nge Total \$	900.00	
900.00	•				1			I