

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 George Breitmayer III		Amount	
Street Address 182 Corbins Mill Dr.	Employer/Occupation/Labor Organization* Attorney	M D Y 0 3 2 5 1 5	\$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor Thomas Gjostein		Registration Number, if PAC	
Street Address 6720 Hayhurst St.		Amount	
Employer/Occupation/Labor Organization* Siewert & Gjostein		M D Y 0 3 2 5 1 5	\$150.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check
Full Name of Contributor Tom Lindsey		Registration Number, if PAC	
Street Address 4740 Strayer Dr.		Amount	
Employer/Occupation/Labor Organization* City of Upper Arlington		M D Y 0 3 2 5 1 5	\$150.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Citizens for Retain Hood		Registration Number, if PAC	
Street Address 13184 Brandon Ctr.		Amount	
Employer/Occupation/Labor Organization* OH		M D Y 0 3 2 5 1 5	\$150.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check
Full Name of Contributor Gould Law LLC		Registration Number, if PAC	
Street Address 341 S. Third St., Suite 300		Amount	
Employer/Occupation/Labor Organization* OH		M D Y 0 3 2 5 1 5	\$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Committee for Judge Schneider		Registration Number, if PAC	
Street Address 865 Macon Alley		Amount	
Employer/Occupation/Labor Organization* OH		M D Y 0 3 2 5 1 5	\$500.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor David Thomas		Registration Number, if PAC	
Street Address 511 S. High St.		Amount	
Employer/Occupation/Labor Organization* Attorney		M D Y 0 3 2 5 1 5	\$400.00
City Columbus	State OH	Zip Code 43215	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,700.00