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R.O	2. 3517.10	

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge						
Full Name of Contributor Baker & Hostetler LLP PAC	Registration Number, if PAC OH 125					
Street Address 1900 E. 9th St., Suite 3200	Employer/Occupation/Labor Organization		Form (Cash, Chec Check			
City Cleveland	State OH	Zip Code 44114	0 8 2 4 1 5	Amount \$500.00		
Full Name of Contributor Charles Gerhardt III Registration Number, if PAC						
Street Address 700 Walnut St., Suite 450	Employer/Occupation/Labor Organization Government Strategies Group			Form (Cash, Check, etc.) Check		
City Cincinnati	State OH	Zip Code 45202	0 8 2 4 1 5	Amount \$500.00		
Full Name of Contributor Carol Ray Registration Number, if PAC						
Street Address PO Box 21444	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	0 8 2 4 1 5	Amount \$250.00		
Full Name of Contributor Erich Wachendorf	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC			
Street Address 1535 Arlington Ave.	Employer/Occupation/Labor Organization Macy's			Form (Cash, Check, etc.) Electronic Transfer		
City Marble Cliff	State OH	Zip Code 43212	0 8 2 5 1 5	Amount \$242.45		
Full Name of Contributor Thomas Taneff Co., LPA Registration Number, if PAC						
Street Address 250 Civic Center Dr., Suite 210	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	0 8 2 6 1 5	Amount \$100.00		
Full Name of Contributor Francine Jacobs Registration Number, if PAC						
Street Address 5050 Thornhill Lane	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State	Zip Code 43017	0 8 2 6 1 5	Amount \$25.00		
Full Name of Contributor Elizabeth Tracy	Registration Number, if P	AC				
Street Address 5057 Heath Gate Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M D Y 0 8 2 6 1 5	Amount \$100.00		
Full Name of Contributor Dana Peters Registration Number, if PAC						
Street Address 947 E Johnstown Rd. #250	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	0 8 2 7 1 5	Amount \$100.00		

^{*} 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)]