

R.C. 3517.10(B)

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

Prescribed by Secretary of State 02/01 Name of Committee in Full Glaeden for Judge Registration Number, if PAC Full Name of Contributor S.M.D./H.L.S. Bonding Co. LLC Employer/Occupation/Labor Organization* Street Address 0 | 7 | 0 7 0 9 425.00 571 South High Street Zip Code Form(Cash,Check,etc) State 43215 Check 0 H Columbus Registration Number, if PAC Full Name of Contributor Ross & Midian Employer/Occupation/Labor Organization* 125.00 0 7 0 7 0 9 577 South High Street State Zip Code Form(Cash,Check,etc) City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Committee for Judge Schneider Employer/Occupation/Labor Organization* Amount 0 | 7 | 0 | 7 | 500.00 865 Macon Alley Form(Cash,Check,etc) State Zip Code 43206 $O \mid H$ Check Columbus Registration Number, if PAC Full Name of Contributor R. William Meeks Co. LPA Employer/Occupation/Labor Organization* Street Address 0 7 0 7 0 9 200.00 511 S. High Street Zip Code Form(Cash,Check,etc) State 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Mark C. Collins Co., LPA Employer/Occupation/Labor Organization* D Υ 0 7 0 7 800.00 0 9 492 S. High Street Zip Code Form(Cash,Check,etc) State City 43215 Check H Columbus Registration Number, if PAC Full Name of Contributor Michael S. Probst Employer/Occupation/Labor Organization* Street Address 0 | 7 0 | 7 0 9 450.00 459 Glenmont Avenue Form(Cash,Check,etc) Zip Code State 43214 Check $O \mid H$ Columbus Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Amount Street Address Form(Cash,Check,etc) State Zip Code

* Required for contributions from individuals over \$100 to statewide and gen	neral assembly candidates. If contributor is self-employed, occupation rather than employe
should be listed. If two or more employees contribute via payroll deduction a	and exceed the aggregate of \$100, the labor organization of which the employees are
members, if any, must appear. [R.C. 3517.10(B)(4)]	



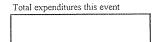
City

Fill in the boxes below only on the last page for this event.

6,600.00

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



Page Total \$ 2.500.00

