

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

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

6,600.00

Total expenditures this event

Page Total \$ **2,500.00**