31	-/	4		
R.	C. :	351	7.	10

Statement of Contributions Received

Page	2	
Lage		

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge		_			
Full Name of Contributor James Ervin			Registration Number, if P.	AC	
Street Address 155 East Broad St.	Employer/Occu Attorney	Employer/Occupation/Labor Organization Attorney			
City Columbus	State OH	Zip Code 43215	0 4 2 0 1 5	Amount \$500.00	
Full Name of Contributor Isaac Wiles Burkholder & Teetor, LLC PAC			Registration Number, if PAC CP-1058		
Street Address 2 Miranova Place, Suite 700	Employer/Occu	upation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	0 4 2 0 1 5	Amount \$1,250.00	
Full Name of Contributor Michael W. Daniels	Registration Number, if PAC				
Street Address 1271 Summit St. Apt. K		pation/Labor Organization rative Assistant		Form (Cash, Check, etc.) Check	
City Columbus	State	Zip Code 43201	0 4 2 3 1 5	Amount \$150.00	
Full Name of Contributor Allen Reis			Registration Number, if Pa	AC	
Street Address 1304 Amberlea Dr. W	Employer/Occur	ipation/Labor Organization		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	0 5 0 7 1 5	Amount \$100.00	
Full Name of Contributor Thomas Taneff Co., LPA			Registration Number, if Pa	AC	
Street Address 600 S.High St., Suite 201	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	0 5 1 5 1 5	Amount \$50.00	
Full Name of Contributor Nicholas Konves			Registration Number, if P/	\C	
Street Address 8011 Oak Wind Ct.	Employer/Occup	spation/Labor Organization	L	Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	0 5 1 8 1 5	Amount \$100.00	
Full Name of Contributor Kegler, Brown, Hill & Ritter PAC	Registration Number, if P/ CP-648	\C			
Street Address 65 E. State St., Suite 1800	Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215.	M D Y 1 5	Amount \$500.00	
Full Name of Contributor Galen Graham	•		Registration Number, if PA	\C	
Street Address 176 E. Gay St.	Employer/Occup Retired	pation/Labor Organization		Fonn (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y O 6 1 5 1 5	Amount \$150.00	

Page Total \$2,800.00

^{*} 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)|