| 31-A         |   |
|--------------|---|
| R.C. 3517.10 | ) |

## **Statement of Contributions Received**

Page 4

Prescribed by Secretary of State 03/05

| •  |   |                             |                                     |                                   |
|--|---|-----------------------------|-------------------------------------|-----------------------------------|
| Name of Committee in Full Glaeden for Judge                              |   |                             |                                     |                                   |
| Full Name of Contributor Judge Lisa L. Sadler Committee                  |   |                             | Registration Number, if I           | PAC                               |
| Street Address 100 South Third Street                                    | Employer/Occi                           | ipation/Labor Organization* |                                     | Form (Cash, Check, etc.)<br>Check |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43215           | 0 7 0 8 1 5                         | Amount<br>\$100.00                |
| Full Name of Contributor Thomas Sexton                                   |   |                             | Registration Number, if I           | PÁC                               |
| Street Address<br>580 S. High St., Suite 130                             | Employer/Occi                           | ipation/Labor Organization  | ,                                   | Form (Cash, Check, etc.) Check    |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43215           | 0 7 2 0 1 5                         | Amount<br>\$75.00                 |
| Full Name of Contributor IBEW PAC Voluntary Fund Registration Number, if |   |                             | PAC                                 |                                   |
| Street Address<br>900 Seventh St., NW                                    | Employer/Occs                           | pation/Labor Organization*  | <u> </u>                            | Form (Cash, Check, etc.) Check    |
| City<br>Washington   | State<br>DC                             | Zip Code<br>20001           | 0 7 1 7 1 5                         | Amount<br>\$500.00                |
| Full Name of Contributor Kristin Rosan                                   |   |                             | Registration Number, if I           | PAC .                             |
| Street Address 192 Farmwood Pl.  | Employer/Occu<br>Attorney               | pation/Labor Organization   |                                     | Form (Cash, Check, etc.) Check    |
| City<br>Gahanna  | State<br>OH                             | Zip Code<br>43230           | 0 8 0 3 1 5                         | Amount<br>\$250.00                |
| Full Name of Contributor Amy Schermer                                    |   |                             | Registration Number, if I           | AC .                              |
| Street Address 8372 Firstgate Dr.  | Employer/Occi                           | pation/Labor Organization   |                                     | Form (Cash, Check, etc.)<br>Check |
| City<br>Reynoldsburg   | State<br>OH                             | Zip Code<br>43068           | 0 8 0 4 1 5                         | Amount<br>\$50.00                 |
| Full Name of Contributor Stephen Eschelman  Registration Number, if I    |   |                             |                                     | PAC                               |
| Street Address 2120 Castle Crest Dr.                                     | Employer/Occu<br>Retired                | pation/Labor Organization   | ·                                   | Form (Cash, Check, etc.)<br>Check |
| City<br>Worthington  | State<br>OH                             | Zip Code<br>43085           | 0 8 0 6 1 5                         | Amount<br>\$600.00                |
| Full Name of Contributor  John Hilt                                      |   |                             | Registration Number, if F           | ÄC                                |
| Street Address 3083 Columbus St.   | Employer/Occu                           | pation/Labor Organization*  |                                     | Form (Cash, Check, etc.) Check    |
| City Grove City  | State<br>OH                             | Zip Code<br>43123           | 0 8 0 6 1 5                         | Amount<br>\$100.00                |
| Full Name of Contributor Reminger Co., LPA PAC                           | - · · · · · · · · · · · · · · · · · · · |                             | Registration Number, if P<br>CP 495 | AC                                |
| Street Address<br>1400 Midland Bldg, 101 Prospect Ave. W.                | Employer/Occu                           | pation/Labor Organization   |                                     | Form (Cash, Check, etc.) Check    |
| City<br>Cleveland  | State<br>OH                             | Zip Code<br>43123           | 0 8 0 6 1 5                         | Amount<br>\$1,000.00              |

Page Total \$2,675.00

<sup>\*</sup> 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)]