31-E
R.C. 3517.10(B)

Event Date	4/14/2005
Page	7

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
Philip B. Kaufman

Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
341 S. Third Street, Suite 300		0 4	2 0	0 5	100.00

City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43215	Check

Full Name of Contributor
Downes, Hurst & Fishel

Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
400 S. High Street, Suite 200		0 4	2 0	0 5	275.00

City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43215	Check

Full Name of Contributor
Connor Behal LLP

Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
501 S. High Street		0 4	2 6	0 5	275.00

City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43215	Check

Full Name of Contributor
David P. Rieser

Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
844 S. Front Street		0 4	2 7	0 5	275.00

City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43206	Check

Full Name of Contributor
Committee for Judge Schneider

Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
865 Macon Alley		0 4	2 7	0 5	250.00

City	State	Zip Code	Form(Cash,Check,etc)
Columbus	O H	43206	Check

Full Name of Contributor

Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount

City	State	Zip Code	Form(Cash,Check,etc)

Full Name of Contributor

Registration Number, if PAC

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount

City	State	Zip Code	Form(Cash,Check,etc)

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* 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	Total expenditures this event	Page Total $
8,375.00		1,175.00