

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge					
Full Name of Contributor Baker & Hostetler LLP PAC				Registration Number, if PAC OH 125	
Street Address 1900 E. 9th St., Suite 3200		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cleveland	State OH	Zip Code 44114	M 0	D 8	Y 2 4 1 5
			Amount \$500.00		
Full Name of Contributor Charles Gerhardt III				Registration Number, if PAC	
Street Address 700 Walnut St., Suite 450		Employer/Occupation/Labor Organization* Government Strategies Group		Form (Cash, Check, etc.) Check	
City Cincinnati	State OH	Zip Code 45202	M 0	D 8	Y 2 4 1 5
			Amount \$500.00		
Full Name of Contributor Carol Ray				Registration Number, if PAC	
Street Address PO Box 21444		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 2 4 1 5
			Amount \$250.00		
Full Name of Contributor Erich Wachendorf				Registration Number, if PAC	
Street Address 1535 Arlington Ave.		Employer/Occupation/Labor Organization* Macy's		Form (Cash, Check, etc.) Electronic Transfer	
City Marble Cliff	State OH	Zip Code 43212	M 0	D 8	Y 2 5 1 5
			Amount \$242.45		
Full Name of Contributor Thomas Taneff Co., LPA				Registration Number, if PAC	
Street Address 250 Civic Center Dr., Suite 210		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2 6 1 5
			Amount \$100.00		
Full Name of Contributor Francine Jacobs				Registration Number, if PAC	
Street Address 5050 Thornhill Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 8	Y 2 6 1 5
			Amount \$25.00		
Full Name of Contributor Elizabeth Tracy				Registration Number, if PAC	
Street Address 5057 Heath Gate Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 8	Y 2 6 1 5
			Amount \$100.00		
Full Name of Contributor Dana Peters				Registration Number, if PAC	
Street Address 947 E Johnstown Rd. #250		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 2 7 1 5
			Amount \$100.00		

* 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)]