

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor Lisa Sadler Committee			Registration Number, if PAC	
Street Address 100 S. Third St.	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scranton Law Firm LLC			Registration Number, if PAC	
Street Address 416 W. State St., Suite 206	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Fremont	State OH	Zip Code 43420	Form (Cash, Check, etc.) Check	
Full Name of Contributor Alyson Tannenbaum			Registration Number, if PAC	
Street Address 5598 Picayune St.	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Mathless			Registration Number, if PAC	
Street Address 495 East Mound St., Suite B	Employer/Occupation/Labor Organization*		M D Y 0 1 2 2 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa Eschleman			Registration Number, if PAC	
Street Address 2141 Crimson Ct.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 2 1 5	Amount \$500.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bridgette Roman			Registration Number, if PAC	
Street Address 8825 Dunsinane Dr.	Employer/Occupation/Labor Organization* Community Choice Finan.		M D Y 0 1 2 2 1 5	Amount \$575.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Porter			Registration Number, if PAC	
Street Address 4523 Neiswander Sq.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 1 2 2 1 5	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	

* 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)]

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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,975.00**