

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 Traci Kaniaris			Registration Number, if PAC	
Street Address 5139 Claridge Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Connie Carr			Registration Number, if PAC	
Street Address 1205 Harkers Ct.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chad Readler			Registration Number, if PAC	
Street Address 765 Park St.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marie Luise Marx			Registration Number, if PAC	
Street Address 15 New Albany Farms Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marion Smithberger			Registration Number, if PAC	
Street Address 7658 Footemill Ln.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Abrams			Registration Number, if PAC	
Street Address 380 Woodgate Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Committee for Judge Schneider			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M D Y 0 9 2 7 1 5	Amount \$500.00
City Columbus	State OH	Zip Code 43206	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

\$2,575.00

Total expenditures this event.

0.00

Page Total \$ 1,100.00