

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				Registration Number, if PAC			
Full Name of Contributor Lisa Sadler Committee				Registration Number, if PAC			
Street Address 100 S. Third St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	0	1	2	\$100.00
				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	Amount
City Fremont		State OH	Zip Code 43420	0	1	2	\$100.00
				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	Amount
City Columbus		State OH	Zip Code 43221	0	1	2	\$100.00
				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	Amount
City Columbus		State OH	Zip Code 43215	0	1	2	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Lisa Eschleman				Registration Number, if PAC			
Street Address 2141 Crimson Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43235	0	1	2	\$500.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Bridgette Roman				Registration Number, if PAC			
Street Address 8825 Dunsinane Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State OH	Zip Code 43017	0	1	2	\$575.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan Porter				Registration Number, if PAC			
Street Address 4523 Neiswander Sq.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City New Albany		State OH	Zip Code 43054	0	1	2	\$500.00
				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