

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC	
Glaeden for Judge			
Full Name of Contributor Ohio & Vicinity Regional Council South Central Office PCE		Registration Number, if PAC	
Street Address 1394 Courtright Road	Employer/Occupation/Labor Organization*	M D Y 0 1 2 8 0 9	Amount 300.00
City Columbus	State Zip Code O H 43227	Form(Cash,Check,etc) Check	
Full Name of Contributor Committee for Judge Schneider		Registration Number, if PAC	
Street Address 865 Macon Alley		M D Y 0 1 2 8 0 9	Amount 1,000.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Woody Fox		Registration Number, if PAC	
Street Address 233 N. Bend Drive		M D Y 0 1 2 8 0 9	Amount 50.00
City Pataskala	State Zip Code O H 43062	Form(Cash,Check,etc) Cash	
Full Name of Contributor Joseph Landusky **		Registration Number, if PAC	
Street Address 901 S. High Street		M D Y 0 1 2 8 0 9	Amount 100.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Gerald Noel		Registration Number, if PAC	
Street Address 857 S. High Street		M D Y 0 1 2 8 0 9	Amount 100.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Robert J. Weiler, Jr.		Registration Number, if PAC	
Street Address 41 S. High Street, Suite 1010		M D Y 0 1 2 8 0 9	Amount 50.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Dominic Mango		Registration Number, if PAC	
Street Address 5649 Van Wert Drive		M D Y 0 1 2 8 0 9	Amount 50.00
City Hilliard	State Zip Code O H 43026	Form(Cash,Check,etc) Check	

** Previously served as a court-appointed attorney during term

* 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 \$ 1,650.00