

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
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	Amount
				0	9	2715	\$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	Amount
				0	9	2715	\$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	Amount
				0	9	2715	\$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	Amount
				0	9	2715	\$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	Amount
				0	9	2715	\$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	Amount
				0	9	2715	\$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	Amount
				0	9	2715	\$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