

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge						
Full Name of Contributor Judith Brachman				Registration Number, if PAC		
Street Address 311 N. Drexel Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1 5	Amount \$350.00
Full Name of Contributor Marissa Georgeff Billiter				Registration Number, if PAC		
Street Address 660 Parkedge Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Electronic Transfer		
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 1 6	Amount \$242.45
Full Name of Contributor Zeiger, Tigges & Little LLP				Registration Number, if PAC		
Street Address 41 S. High St., Suite 3500		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 9	Amount \$250.00
Full Name of Contributor Committee for Ron O'Brien				Registration Number, if PAC		
Street Address 865 Macon Aly		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M 1	D 0	Y 1 9	Amount \$250.00
Full Name of Contributor Laura Jones				Registration Number, if PAC		
Street Address 3495 Wenwood Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 2 0	Amount \$100.00
Full Name of Contributor Dustyn Fox				Registration Number, if PAC		
Street Address 88 N. Brinker		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43204	M 1	D 0	Y 2 0	Amount \$35.00
Full Name of Contributor Angela Snyder				Registration Number, if PAC		
Street Address 318 S. Brinker Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43204	M 1	D 0	Y 2 0	Amount \$100.00
Full Name of Contributor Lawrence Levinson				Registration Number, if PAC		
Street Address 4477 Ackerly Farm Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 2 0	Amount \$50.00

* 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)]

Page Total **\$1,377.45**