

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 OH783			
Full Name of Contributor Frost Todd Brown LLC		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 301 E. Fourth St., Suite 3300				0	4	0	\$500.00
City Cincinnati		State OH	Zip Code 45202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stephen Smith		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 10 W. Broad St.		Attorney		0	4	0	\$200.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Zeiger, Tigges & Little LLP		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 41 S. High St., Suite 3500				0	4	0	\$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bradley P. Koffel, LLC		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 1801 Watermark Dr., Suite 350				0	4	0	\$1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Priya Tamilarasan		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 34 W. Whittier St.				0	4	0	\$100.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Check			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$6,475.00

Total expenditures this event.

\$806.38

Page Total \$ 2,050.00