

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge					
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., LPA Political Action Com				Registration Number, if PAC CP-1058	
Street Address 300 Spruce Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1109
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Koffel & Jump				Registration Number, if PAC	
Street Address 2130 Arlington Avenue	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1109
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 575.00
Full Name of Contributor Christopher T. Cicero				Registration Number, if PAC	
Street Address 1308 W. Mound Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1109
City Columbus	State O H	Zip Code 43223	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor J. Scott Weisman Law Offices, LPA				Registration Number, if PAC	
Street Address 601 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1109
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Zeiger, Tigges & Little LLP				Registration Number, if PAC	
Street Address 41 S. High Street, Suite 3500	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1109
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Sean Maxfield				Registration Number, if PAC	
Street Address 825 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1109
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Jeff Berndt				Registration Number, if PAC	
Street Address 575 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1109
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 50.00

* 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 \$ 2,225.00