

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				
Full Name of Contributor Frost Todd Brown LLC			Registration Number, if PAC OH783	
Street Address 301 E. Fourth St., Suite 3300	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$500.00
City Cincinnati	State OH	Zip Code 45202	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Smith			Registration Number, if PAC	
Street Address 10 W. Broad St.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 9 1 5	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Zeiger, Tigges & Little LLP			Registration Number, if PAC	
Street Address 41 S. High St., Suite 3500	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bradley P. Koffel, LLC			Registration Number, if PAC	
Street Address 1801 Watermark Dr., Suite 350	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Priya Tamilarasan			Registration Number, if PAC	
Street Address 34 W. Whittier St.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
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