

R.C. 3517.10(B)

| Event Date | 7/7/2009 |
|------------|----------|
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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 Registration Number, if PAC Full Name of Contributor Ohio & Vicinity Regional Council South Central Office PCE Employer/Occupation/Labor Organization* Street Address 0 9 0 9 900.00 0 6 1394 Courtright Road Form(Cash,Check,etc) State Zip Code 43227 Check 0 H Columbus Registration Number, if PAC Full Name of Contributor Robert J. Behal Law Offices, LLC Employer/Occupation/Labor Organization* Street Address 0 6 1 0 0 9 100.00 501 S. High Street State Zip Code Form(Cash,Check,etc) City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Tunney Lee King Amount Employer/Occupation/Labor Organization* Street Address 0 6 1 0 0 9 100.00380 S. Fifth Street Form(Cash,Check,etc) State Zip Code 43215 Check H Columbus Registration Number, if PAC Full Name of Contributor Thomas N. Taneff Employer/Occupation/Labor Organization* Street Address 0 6 1 1 0 | 9 100.00 600 S. High Street, Suite 201 Form(Cash,Check,etc) State Zip Code 43215 Check H Columbus Registration Number, if PAC Full Name of Contributor Local PAC Central Ohio Realtors Political Action Committee Employer/Occupation/Labor Organization* D 0 6 1 1 0 9 400.00 2700 Airport Drive Zip Code Form(Cash,Check,etc) 43219 Check H Columbus Registration Number, if PAC Full Name of Contributor Local PAC Central Ohio Realtors Political Action Committee D Employer/Occupation/Labor Organization* Street Address 0 9 500.00 0 6 1 1 2700 Airport Drive Form(Cash,Check,etc) Zip Code State 43219 Check $O \mid H$ Columbus Registration Number, if PAC Full Name of Contributor Lawrence L. Levinson * Employer/Occupation/Labor Organization* Amount Street Address 0 6 1 7 0 9 200.00 4568 Neiswander Square Attornev Form(Cash,Check,etc) State Zip Code

* Franklin County Court Appointee

* 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)]

43054

Check

Fill in the boxes below only on the last page for this event.

New Albany

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.

| n the date column. | | | |
|--------------------------------|-------------------------------|---|----------|
| Fotal contributions this event | Total expenditures this event | *************************************** | |
| | | Page Total \$ | 2.300.00 |

