

Event Date 3/5/2009

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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					
Full Name of Contributor Tyack Blackmore & Liston Co. LPA				Registration Number, if PAC	
Street Address 536 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Angela D. Marinakis				Registration Number, if PAC	
Street Address 6207 Olentangy River Road	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1
City Worthington	State O	Zip Code 43085	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Christopher J. Minnillo *				Registration Number, if PAC	
Street Address 1500 W. Third Avenue, Suite 210	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 1
City Columbus	State O	Zip Code 43212	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Gregg R. Lewis				Registration Number, if PAC	
Street Address 625 City Park	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1
City Columbus	State O	Zip Code 43206	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Zeidan & Associates, LLC				Registration Number, if PAC	
Street Address 1170 Old Henderson Road, Suite 105	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1
City Columbus	State O	Zip Code 43220	Amount 150.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Diane Richards Brey				Registration Number, if PAC	
Street Address 1135 Kingslea Road	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Columbus	State O	Zip Code 43209	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Francine I. Jacobs				Registration Number, if PAC	
Street Address 5050 Thornhill Lane	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2
City Dublin	State O	Zip Code 43017	Amount 25.00	Form(Cash,Check,etc) Check	

* 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)]

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 \$ 475.00