Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	3/25/15	
Page 16		
Page		

6.11				
Name of Committee in Full Glaeden for Judge				
Full Name of Contributor			Registration Number, if PAC	
David Rieser			M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		0 3 2 5 1 5 \$100.00	
2 Miranova Pl., Suite 710		12-2-2-1	Form (Cash, Check, etc.)	ē
City	State	Zip Code 43215	Check	
Columbus	ОН	43213	Registration Number, if PAC	_
Full Name of Contributor			The grant and th	
Joseph Mas	· · · · · · · · · · · · · · · · · · ·		M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		0 3 2 5 1 5 \$100.00	
330 South High St.	Sta te	Zip Code	Form (Cash, Check, stc.)	12
City	- OH	43215	Check	
Columbus	-) 011	40210	Registration Number, if PAC	·
Full Name of Contributor			_	
Lisa Tome	[C](O	erical shor Organization*	M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		0 3 2 5 1 5 5100.00	
511 S. High St.	Sta tc	Zip Code	Form (Cash, Check, etc.)	
City Columbus	ОН	43215	Check	
			Registration Number, if PAC	
Full Name of Contributor Abe Bahgat				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
338 S. High St., Suite 200	-{		0 3 2 5 1 5 \$100.00	
City	Sta te	Zip Cod:	Fonn (Cash, Check, etc.)	1
Columbus	ОН	43215	Check	
Full Name of Contributor			Registration Number, 1F PAC	
Lawrence A, Riehl LLC				
Street Address	Employer/Occupation/Labor Organization*		0 3 2 5 1 5 \$100.00	
500 S. Front St., Suite 200			0 9 2 0 1 0	
City	Sta te	Zip Code	Form (Cash, Check, etc.) Check	
Columbus	OH	43215		
Full Name of Contributor			Registration Number, if PAC	
Vassy Law Office		···	N 7 Y Amount	
Street Address	Employer/Occu	pation/Labor Organization*	0 3 2 5 1 5 \$100.00	
145 E. Rich St., 2nd Floor			Form (Cash, Check, etc.)	
City	Stel to OH	Zip Code 43215	Check	į
Columbus	Un.		Registration Number, if PAC	
Full Name of Contributor			K-5.51-11-11-11-11-11-11-11-11-11-11-11-11-1	
The Law Office of Tunney Lee King			M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		0 3 2 5 1 5 \$100.00	
400 S. Fifth St., Suite 102		Zip Code	Form (Cash, Check, etc.)	
City	State OH	43215	Check	i
Columbus	1 On	1	butor is self-employed, the occupation and the	e name

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

\$0.00

Transfer the Total contributions for this event to furm No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

Transfer the Total contributions for this event to form No. 31-A. Under Pu	H Name of Commodici State
in the date column	
Total contributions this event	Total expenditures this event.

\$0.00 Page Total \$

\$700.00

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 Required for contributions from individuals over \$100 to state labor organization of which the employees are members, if any, must also appear. [R.C. 3517,10(B)(4)]