

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				Registration Number, if PAC	
Full Name of Contributor David Rieser				Amount	
Street Address 2 Miranova Pl., Suite 710		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Joseph Mas				Registration Number, if PAC	
Street Address 330 South High St.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Lisa Tome				Registration Number, if PAC	
Street Address 511 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Abe Bahgat				Registration Number, if PAC	
Street Address 338 S. High St., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Lawrence A. Riehl LLC				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Vassy Law Office				Registration Number, if PAC	
Street Address 145 E. Rich St., 2nd Floor		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor The Law Office of Tunney Lee King				Registration Number, if PAC	
Street Address 400 S. Fifth St., Suite 102		Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$700.00**