

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 Tyack, Blackmore, Liston & Nigh Co., LPA				Registration Number, if PAC	
Street Address 536 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Full Name of Contributor CPM Law PAC		Employer/Occupation/Labor Organization*		D 4	Form (Cash, Check, etc.) Check
Street Address 366 E. Broad St.		Employer/Occupation/Labor Organization*		Y 1	Amount \$50.00
City Columbus		State OH	Zip Code 43215		Form (Cash, Check, etc.) Check
Full Name of Contributor Peter Binning		Employer/Occupation/Labor Organization*		M 0	D 5
Street Address 592 S. Third St.		Employer/Occupation/Labor Organization*		Y 1	Amount \$200.00
City Columbus		State OH	Zip Code 43215		Form (Cash, Check, etc.) Check
Full Name of Contributor Kravitz, Brown & Dortch, LLC		Employer/Occupation/Labor Organization*		M 0	D 5
Street Address 65 E. State St., Suite 200		Employer/Occupation/Labor Organization*		Y 1	Amount \$70.00
City Columbus		State OH	Zip Code 43215		Form (Cash, Check, etc.) Check
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D
Street Address		Employer/Occupation/Labor Organization*		Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D
Street Address		Employer/Occupation/Labor Organization*		Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D
Street Address		Employer/Occupation/Labor Organization*		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

\$1,855.00

Total expenditures this event

0.00

Page Total \$ 420.00