Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	3/25/15
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Prescribed by Secretary of State 03/05

N 60 % 1 N H			
Name of Committee in Full Glaeden for Judge			
Full Name of Contributor David Rieser	Registration Number, if PAC		
Street Address 2 Miranova PI., Suite 710	Employer/Occupation/Labor Organization*		0 3 2 5 1 5 \$100.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Joseph Mas		1	Registration Number, if PAC
Street Address 330 South High St.	Employer/Occupation/Labor Organization*		0 3 2 5 1 5 \$100.00
City Columbus	Sta ^l te OH	Zip Code 43215	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*		0 3 2 5 1 5 Amount \$100.00
City Columbus	Sta te OH	Zip Code 43215	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*		0 3 2 5 1 5 \$100.00
City Columbus	Sta¦te OH	Zip Code 43215	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*		0 3 2 5 1 5 Amount \$100.00
City Columbus	Stat te OH	Zip Code 43215	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*		0 3 2 5 1 5 Amount \$100.00
City Columbus	OH State	Zip Code 43215	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*		0 3 2 5 1 5 Amount \$100.00
City Columbus * Page 1 of Control of Contro	OH	Zip Code 43215	Form (Cash, Check, etc.) Check

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.		
\$0.00	\$0.00		

^{*} 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)]