

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge				Registration Number, if PAC	
Full Name of Contributor Richard Boylan				Form (Cash, Check, etc.) Check	
Street Address 2957 N. Perch Row		Employer/Occupation/Labor Organization*		Amount \$100.00	
City Port Clinton	State OH	Zip Code 43452	M D Y 0 1 2 3 1 5		
Full Name of Contributor Scott & Nolder Co., LPA				Registration Number, if PAC	
Street Address 35 E. Livingston Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y 0 1 2 3 1 5		Amount \$100.00
Full Name of Contributor Isaac Wiles Burkholder & Teetor, LLC				Registration Number, if PAC OH1058	
Street Address 2 Miranova Pl., Suite 700		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y 0 1 2 9 1 5		Amount \$250.00
Full Name of Contributor Zeiger, Tigges & Little LLP				Registration Number, if PAC	
Street Address 41 South High St., Suite 3500		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y 0 1 2 9 1 5		Amount \$500.00
Full Name of Contributor Levy & Associates				Registration Number, if PAC	
Street Address 4645 Executive Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M D Y 0 2 1 3 1 5		Amount \$100.00
Full Name of Contributor Nathan Mellman				Registration Number, if PAC	
Street Address 750 Clinton Pl.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City River Forest	State IL	Zip Code 60305	M D Y 0 2 2 7 1 5		Amount \$100.00
Full Name of Contributor Citizens for Cain				Registration Number, if PAC	
Street Address 5525 Sandy Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lewis Center	State OH	Zip Code 43035	M D Y 0 3 0 2 1 5		Amount \$500.00
Full Name of Contributor Gregg Lewis				Registration Number, if PAC	
Street Address 625 City Park Ave.		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M D Y 0 3 1 0 1 5		Amount \$109.00

* 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)]

Page Total **\$1,759.00**