

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge							
Full Name of Contributor Carpenter Lipps & Leland LLP						Registration Number, if PAC	
Street Address 280 Plaza, Suite 1300		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2	Y 1	Amount \$500.00
Full Name of Contributor Joslyn Law Firm, LLC						Registration Number, if PAC	
Street Address 901 S. High St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 1	D 0	Y 2	Y 1	Amount \$250.00
Full Name of Contributor Bridjette Brown						Registration Number, if PAC	
Street Address 2128 Pipestem Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Electronic Transfer	
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 2	Y 6	Amount \$48.25
Full Name of Contributor Paul Bittner						Registration Number, if PAC	
Street Address 751 Line Way		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2	Y 6	Amount \$300.00
Full Name of Contributor John Oberle						Registration Number, if PAC	
Street Address 60 W. Southington Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43085	M 1	D 0	Y 2	Y 6	Amount \$200.00
Full Name of Contributor Neil Schor						Registration Number, if PAC	
Street Address 1178 Logan Woods Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Electronic Transfer	
City Hubbard	State OH	Zip Code 44425	M 1	D 0	Y 2	Y 6	Amount \$48.40
Full Name of Contributor Harriet Schor						Registration Number, if PAC	
Street Address 1178 Logan Woods Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Electronic Transfer	
City Hubbard	State OH	Zip Code 44425	M 1	D 0	Y 2	Y 6	Amount \$48.40
Full Name of Contributor Richard Surkamp, Jr.						Registration Number, if PAC	
Street Address 120 E. Freedom Way, Unit 515		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Cincinnati	State OH	Zip Code 45202	M 1	D 0	Y 2	Y 7	Amount \$100.00

* 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 **\$1,495.05**