

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge					
Full Name of Contributor Linda McNamara				Registration Number, if PAC	
Street Address 3966 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43220	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff LLP				Registration Number, if PAC	
Street Address 88 E. Broad Street, Suite 900	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43215	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Iron Workers Local 172 Political Contributing Entity				Registration Number, if PAC PCE	
Street Address 2867 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43207	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Christopher J. Minnillo				Registration Number, if PAC	
Street Address 1500 W. Third Avenue, Suite 400	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43212	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Terry K. Sherman *				Registration Number, if PAC	
Street Address 175 S. Merkle Road	Employer/Occupation/Labor Organization* Attorney		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43209	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Gahanna	State O	Zip Code 43230	Amount 275.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Anthony O. Mancuso				Registration Number, if PAC	
Street Address 135 N. Hamilton Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Gahanna	State O	Zip Code 43230	Amount 100.00	Form(Cash, Check, etc) Check	

* Franklin County Court Appointee

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

Total expenditures this event

Page Total \$ 1,400.00