

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 Sean H. Maxfield			Registration Number, if PAC		
Street Address 825 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43206	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Raymond J. Mularski			Registration Number, if PAC		
Street Address 107 W. Johnstown Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Gahanna	State O	Zip Code 43230	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Ohio & Vicinity Regional Council of Carpenters Political Office PAC			Registration Number, if PAC LA358		
Street Address 222 E. Town Street	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43215	Amount 500.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Scott W. Schiff & Associates Co., LPA			Registration Number, if PAC		
Street Address 88 W. Main Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Larry W. Thomas			Registration Number, if PAC		
Street Address 1058 Mt. Vernon Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City Columbus	State O	Zip Code 43203	Amount 200.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Dennis W. McNamara			Registration Number, if PAC		
Street Address 3966 Fairlington Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City Columbus	State O	Zip Code 43220	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		

* 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

1,200.00

Total expenditures this event

Page Total \$ **1,200.00**