

Event Date	7/13/2005
Page	4

Statement of Contributions Received at a Social or Fundraising Event

N 60 1 1 1 1 1	Prescribed by Secre	etary of State 02/01		
Name of Committee in Full				
Glaeden for Judge			In the Control	
Full Name of Contributor			Registration Number, if PAC	
Sean H. Maxfield Street Address	Elover/O	tion/Labor Organization*	M D Y Ame	ount
	Employer/Occupat	non/Labor Organization	0 7 2 5 0 5	100.00
825 S. Front Street	State	Zip Code	Form(Cash, Check, etc)	100.00
Columbus	O H	43206	Check	
Full Name of Contributor		43200	Registration Number, if PAC	
Raymond J. Mularski			Registration (value), it is re-	
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
107 W. Johnstown Road	Limpioyen/Occupat	NOW DAVOR OF GAILIZATION	0 7 2 5 0 5	100.00
City	State	Zip Code	Form(Cash, Check, etc)	100.00
Gahanna	O H	43230	Check	
Full Name of Contributor		40200	Registration Number, if PAC	
Ohio & Vicinity Regional Coun-	ail of Cornantora D	alitical Office DA]
Street Address		ion/Labor Organization*		ount
	Employer/Occupat	ion/Lauoi Organization		500.00
222 E. Town Street	State	Zip Code	0 7 2 7 0 5 Form(Cash,Check,etc)	and the second s
^{City} Columbus	OH	43215	Check	
Full Name of Contributor		43213	Registration Number, if PAC	
	TDA		Registration (value), if I AC	
Scott W. Schiff & Associates Co. Street Address		ion/Labor Organization*	M D Y Amo	ount
	Employer/Occupat	ion/Laudi Organization	0 8 0 1 0 5	250.00
88 W. Main Street	State	Zip Code	Form(Cash, Check, etc)	230.00
^{City} Columbus	O H	43215	Check	
Full Name of Contributor		45215	Registration Number, if PAC	
			Registration Number, it i AC	1
Larry W. Thomas Street Address	E-malessan/Occurrent	ion/Labor Organization*	M D Y Amo	numt .
	Employer/Occupat	ion/Labor Organization	0 8 0 2 0 5	200.00
1058 Mt. Vernon Avenue	- Caraca I	7:- C-J-	Form(Cash,Check,etc)	200.00
^{City} Columbus	State O H	Zip Code 43203	Check	
Full Name of Contributor	UII	43203	Registration Number, if PAC	
			Registration Number, it FAC	
Dennis W. McNamara Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amo	wet .
	Employer/Occupac	lon/Labor Organization	0 8 0 2 0 5	50.00
3966 Fairlington Drive		7:- Cada	Form(Cash,Check,etc)	50.00
Colombia	1 1	Zip Code 43220	Check	
Columbus	O H	43220		17 - 107 - 171 - 1
Full Name of Contributor			Registration Number, if PAC	
0			V I B I V I	
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amo	ount
0		7' 0 1		
City	State	Zip Code	Form(Cash,Check,etc)	
Required for contributions from individuals over \$100 to st	i e			
should be listed. If two or more employees contribute via pay	roll deduction and exceed the ag	gregate of \$100, the labor o	rganization of which the employees	are
members, if any, must appear. [R.C. 3517.10(B)(4)])-		-
Cill in the house below solution of the control of	1			•
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. Linder Full Name of Ca-tails.	itor state "Contributions from	n form No. 31-E" and list the data of	the event
	-M. UNICE FUIL HAIRE OF CONTROL	NOT STATE CONTINUED IN THE	it total 140. 51-15 and list the date of	the event
in the date column.				
Total contributions this event	Total expenditures this	event		
	- Superiori of this		Page To	tal \$ 1,200,00
1,200.00				1,400.00
1,400.00	1			