

Event Date	4/14/2005
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	Trescribed by Secretary of Si	ate 02/01			
Glaeden for Judge			Desistantian Number if DAC		
Full Name of Contributor	DAC		LA 787	Registration Number, if PAC	
Carpenters Local Union No. 200 P		- Organization#	M D Y Amount		
Street Address	Employer/Occupation/Labor Organization*			550.00	
1545 Alum Creek Drive	State 7:- Cala		0 4 2 0 0 5 Form(Cash,Check,etc)	550.00	
City	State Zip Code	43209			
Columbus Full Name of Contributor	O H	43209	Check Registration Number, if PAC		
	TID A January Carl Title	antine Card			
Vorys, Sater, Seymour and Pease I	Employer/Occupation/Labor		t OH 108 M D Y Amount		
	Employer/Occupation/Labor	r Organization		500.00	
52 E. Gay Street, P.O. Box 1008	State Zip Code		0 4 2 0 0 5 Form(Cash,Check,etc)	300.00	
City	1	43215	Check		
Columbus	O H	43213			
Full Name of Contributor			Registration Number, if PAC		
Raymond J. Mularski				·	
Street Address	Employer/Occupation/Labor	r Organization*	M D Y Amount	100.00	
107 W. Johnstown Road			0 4 2 0 0 5	100.00	
City	State Zip Code		Form(Cash,Check,etc)	-	
Gahanna	OH	43230	Check	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Full Name of Contributor			Registration Number, if PAC		
Bricker & Eckler LLP State Politica	al Action Committee		OH 821	1	
Street Address	Employer/Occupation/Labor	r Organization*	M D Y Amount		
100 S. Third Street	l		0 4 1 4 0 5	500.00	
City	State Zip Code		Form(Cash,Check,etc)		
Columbus	O H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
David B. Belinky *					
Street Address	Employer/Occupation/Labo	r Organization*	M D Y Amount		
326 S. High Street, Suite 300	Attorney		0 4 1 9 0 5	100.00	
City	State Zip Code		Form(Cash,Check,etc)	100.00	
Columbus	O H	43215	Check		
Full Name of Contributor		30210	Registration Number, if PAC		
•			registration Number, it 1710		
Koffel & Jump	Employer/Occupation/Labor	- Organization#	M D Y Amount		
Street Address	Employer/Occupation/Labor	r Organization.		750.00	
2130 Arlington Avenue	9: 17: 0 1		0 4 2 0 0 5	750.00	
City	State Zip Code		Form(Cash,Check,etc)		
Columbus	O H	43221	Check		
Full Name of Contributor			Registration Number, if PAC	1	
Samuel H. Shamansky Co., LPA					
Street Address	Employer/Occupation/Labor	r Organization*	M D Y Amount	4 000 00	
511 S. High Street			0 4 2 0 0 5	1,000.00	
City	State Zip Code		Form(Cash,Check,etc)		
Columbus	O H	43215	Check		
* Franklin County Court Appoi	intee				
* Required for contributions from individuals over \$100 to statew		If contributor is sel	f-employed, occupation rather than employed	er	
should be listed. If two or more employees contribute via payroll	deduction and exceed the aggregate of	f \$100, the labor of	rganization of which the employees are		
[R.C. 3517.10(B)(4)]	ф.			1-0	
[Ψ			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.	Under Full Name of Contributor state	"Contributions from	n form No. 31-E" and list the date of the eve	ent	
in the date column.					
Total contributions this event	Total expenditures this event				
			Page Total \$	3.500.00	
1			-		