

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 Mularski Bonham Dittmer & Phillips LLC				Registration Number, if PAC	
Street Address 107 W. Johnstown Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Gahanna	State O	Zip Code 43230	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Shaw & Miller				Registration Number, if PAC	
Street Address 555 City Park Avenue	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O	Zip Code 43215	Amount 325.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Nathan Sei Akamine *				Registration Number, if PAC	
Street Address 844 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O	Zip Code 43206	Amount 150.00	Form(Cash,Check,etc) Check	
Full Name of Contributor David P. Rieser				Registration Number, if PAC	
Street Address 844 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O	Zip Code 43206	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor J. Scott Weisman Law Offices, LPA				Registration Number, if PAC	
Street Address 601 S. High Street, 1st Fl.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert F. Krapenc				Registration Number, if PAC	
Street Address 601 S. High Street, 1st Fl.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Maguire and Schneider, LLP				Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 500	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0
City Columbus	State O	Zip Code 43215	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 \$ 1,375.00