

R.C. 3517.10(B)

Event Date	3/5/2009
Page	17

Statement of Contributions Received at a Social or Fundraising Event

	Freschied by Sec	cretary of State 02/01							
Name of Committee in Full Glaeden for Judge									
Full Name of Contributor					Registration Number, if PAC				
Joseph M. McCandlish									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	50.00		
4866 Dameuly Drive	State	Zip Code	0 3 Form(Ca	0 6	0 9		50.00		
^{City} Hilliard	OH	43026		Chec.					
Full Name of Contributor		10020	Registrat	WWW.	Name and the second second	AC			
Anthony O. Mancuso **							200		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount			
135 N. Hamilton Road		17: 0.1	0 3 Form(Ca		0 9		50.00		
^{City} Gahanna	O H	Zip Code 43230	,	Chec					
Full Name of Contributor		402.00		Olive more married and a	iber, if P	AC			
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Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount			
City	State	Zip Code	Form(Ca	ish,Checl	k,etc)			-	
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Full Name of Contributor			Registiat	non ivun	ioci, ii r	10			
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount			
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City	State	Zip Code	Form(Ca	sh,Chec	k,etc)				
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Street Address	Employer/Occur	ation/Labor Organization*	М	D	Y	Amount			
Succi Address	Employer	Employer/Occupation/Labor Organization*			Î	ar announce			
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)				
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Full Name of Contributor			Registrat	tion Nun	ber, if P	AC			
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Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
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Full Name of Contributor				Registration Number, if PAC					
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Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount	active and a second	į	
	6	13: 0 1	- F (C		<u> </u>			İ	
City	State	Zip Code	Form(Ca	isn,Cnec	k,etc)			İ	
** Previously served as a	court concintor	1 attamar dan	ing to	¢m	***************************************			İ	
** Previously served as a * Required for contributions from individuals over \$100 to s:					on rather	than employer			
should be listed. If two or more employees contribute via pa	yroll deduction and exceed the	aggregate of \$100, the labor of	organization o	f which t	he emplo	yees are			
members, if any, must appear. [R.C. 3517.10(B)(4)]								\oplus	
rent and the state of the state		T					1	T	
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 3	I-A Under Full Name of Contr	ibutor state "Contributions from	m form No. 3	1-F" and	list the d	ate of the ever	nt		
in the date column.	Shade I all I tallie of Contr	Controlled State	101111 110, 3	and					
					·				
Total contributions this event	Total expenditures th	is event				T-4-1 6	400.00		
4.285.00					Pa	ge Total \$	100.00		
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