

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 Joseph M. McCandlish				Registration Number, if PAC	
Street Address 4866 Dameuly Drive		Employer/Occupation/Labor Organization*		M 0	D 3
City Hilliard		State O	Zip Code 43026	Y 0	Amount 50.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Anthony O. Mancuso **				Registration Number, if PAC	
Street Address 135 N. Hamilton Road		Employer/Occupation/Labor Organization*		M 0	D 3
City Gahanna		State O	Zip Code 43230	Y 0	Amount 50.00
Form(Cash,Check,etc) Check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash,Check,etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash,Check,etc)					

**** Previously served as a court-appointed attorney during term**

* 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

4,285.00

Total expenditures this event

Page Total \$ 100.00