

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 Schottenstein Zox & Dunn State and Local PAC				Registration Number, if PAC OH1310	
Street Address 250 West Street	Employer/Occupation/Labor Organization*			M 0	D 1
City Columbus	State O	Zip Code 43215	Y 3	Amount 250.00	Form(Cash, Check, etc) Check
Full Name of Contributor Bernard Z. Yavitch				Registration Number, if PAC	
Street Address 592 S. Third Street	Employer/Occupation/Labor Organization*			M 0	D 2
City Columbus	State O	Zip Code 43215	Y 0	Amount 50.00	Form(Cash, Check, etc) Check
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 2
City Gahanna	State O	Zip Code 43230	Y 0	Amount 100.00	Form(Cash, Check, etc) Check
Full Name of Contributor Craigg E. Gould **				Registration Number, if PAC	
Street Address 205 Fallis Road	Employer/Occupation/Labor Organization*			M 0	D 2
City Columbus	State O	Zip Code 43214	Y 0	Amount 100.00	Form(Cash, Check, etc) Check
Full Name of Contributor Jerry L. Lippe				Registration Number, if PAC	
Street Address 8142 Crossgate Ct. N.	Employer/Occupation/Labor Organization*			M 0	D 2
City Dublin	State O	Zip Code 43017	Y 0	Amount 50.00	Form(Cash, Check, etc) Check
Full Name of Contributor Herbert for Judge				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*			M 0	D 2
City Columbus	State O	Zip Code 43206	Y 0	Amount 250.00	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)

**** 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

3,700.00

Total expenditures this event

Page Total \$ **800.00**