

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC	
Glaeden for Judge		Columbus Franklin County, AFL-CIO PCE			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1545 Alum Creek Drive		0	6	1	400.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43209	Check		
James E. Arnold					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3326 Foxcroft Drive		0	6	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Lewis Center	O H	43035	Check		
Sandra J. Anderson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
7677 Riverside Drive		0	6	1	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Dublin	O H	43016	Check		
Bridgette C. Roman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
8825 Dunsinane Drive		0	6	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Dublin	O H	43017	Check		
The Owen Firm, LLC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
5354 N. High Street		0	7	0	200.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43214	Check		
Stein, Chapin & Associates LLC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
32 West Hoster Street, Suite 200		0	7	0	500.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43215	Check		
Samuel H. Shamansky Co. LPA					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
511 South High Street		0	7	0	400.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43215	Check		

* 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 \$ 1,800.00