

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor Emmett Kelly			Registration Number, if PAC	
Street Address 1977 Wyandotte Rd.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chad Delligatti			Registration Number, if PAC	
Street Address 8108 Harriott Rd.	Employer/Occupation/Labor Organization* President-InnoSource		M D Y 0 4 0 9 1 5	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Chad Delligatti	
Full Name of Contributor Michael Keenan			Registration Number, if PAC	
Street Address 7103 Coventry Woods Dr.	Employer/Occupation/Labor Organization* Mayor-City of Dublin		M D Y 0 4 0 9 1 5	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew Lyles			Registration Number, if PAC	
Street Address PO Box 386	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$100.00
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Adamek			Registration Number, if PAC	
Street Address 4897 Lytfield Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Larson			Registration Number, if PAC	
Street Address 4967 Smoketalk Lane	Employer/Occupation/Labor Organization*		M D Y 0 4 0 9 1 5	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathy Ferguson			Registration Number, if PAC	
Street Address 7202 Mojave St.	Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 0 9 1 5	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,000.00**