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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

	natoja un social nazioja no cian manata koja pranta e usupan							
Name of Committee in Full								
Glaeden for Judge					And the State of Stat			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Steven Larson								
Street Address	Description of Item or Service			D	Y	Fair Market Value		
209 S. High Street	Food/Beverages			2 8	0 9	198.00		
City	State Zip Code			0 1 2 8 0 9 198.00 Received at Fundraising Event?				
Columbus	OH			YES	naising L	NO		
Full Name of Contributor	Employer, Occ	Registration Number, if PAC						
Joe Egert								
Street Address	Description of	М	D	Y	Fair Market Value			
1208 Grandview Avenue		Photos				100.00		
	State	Zip Code	$0 \mid 4$					
City			Receive		draising E			
Columbus	0 H			YES		√ NO		
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	Registration Number, if PAC				
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	draising E	vent?		
				YES		Пио		
Full Name of Contributor	Employer, Occi	AC						
Street Address	Description of l	M	D	ΤΥ	Fair Market Value			
Success and the success and th	Description of item of Service					Tan Market Varue		
City	State	Zip Code	Receive	d at Fund	draising E	vent?		
				YES		□no		
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registra	ition Nun	nber, if PA	AC		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
						1		
City	State	Zip Code	Receive	d at Fund	draising E	vent?		
				YES		NO		
Full Name of Contributor	Employer, Occi	Registra	Registration Number, if PAC					
Ton Painte of Controller	Employer, cool	spation, Euror Organization	Registre	mon run	10c1, 11 1 2			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Dogoino	d of Fund	traising E	I vont?		
City	State	Zip Code	Keceive	7	naising ic			
			L YES NO					
Full Name of Contributor	Employer, Occi	Registration Number, if PAC						
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value		
C:-		7:- 6-1-		1 - 1 - 2		1		
City	State	State Zip Code		Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer Occ	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Tail Valle of Collaboror	Employer, Occi	ixegisuz	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
					1			
City	State	Zip Code	Receive	d at Fored	Iraising E	vent?		
,	State	Top Code	T.C.C.IVE	YES	aaranig E	NO NO		
	•	ì	1 1	1 EO		INU		

^{*} 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 appear. [R.C. 3517.10(B)(4)]