

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

Prescribed by Secretary of State 03/05

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