

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge										
Full Name of Contributor Dennis McNamara						Registration Number, if PAC				
Street Address 3966 Fairlington Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43220		M 0		D 4		Y 0915	
						Amount \$50.00				
Full Name of Contributor Christopher Minnillo						Registration Number, if PAC				
Street Address 1500 W. Third Ave., Suite 210			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43212		M 0		D 4		Y 1015	
						Amount \$100.00				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	
						Amount				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	
						Amount				

* 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)]

Page Total **\$150.00**