

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

* 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
