Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Glaeden for Judge Full Name of Contributor			Registration Number, if PAC	
Kelle Eubank				
Street Address 2010 Upper Chelsea Rd.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43221	1 0 0 9 1 5	\$100.00
Full Name of Contributor Richard Germain			Registration Number, if P.	
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
4740 Riverside Dr.	Germain Lexus of Dublin			Check
City Columbus	State OH	Zip Code 43220	1 0 0 9 1 5	Amount \$250.00
Full Name of Contributor Thomas Weeks			Registration Number, if P	AC
Street Address 126 Stanwood Rd.	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	M D Y 1 5	Amount \$50.00
Full Name of Contributor	!!		Registration Number, if I	PAC .
Dawn Larzelere				
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.) Check
3437 River Narrows Rd.			MOY	Amount
City Hilliard	Staite OH	Zip Code 43026	1 0 0 9 1 5	\$50.00
Full Name of Contributor			Registration Number, if	PAC
Levy & Associates, LLC		·		
Street Address	Employer/Occupation/Labor Organization		•	Form (Cash, Check, etc.) Check
4645 Executive Dr.		la: O l	MIDIY	Amount
City Columbus	Staite OH	Zip Code 43220	1 0 0 9 1 5	
Full Name of Contributor			Registration Number, if	PAC
Franklin County Repbulican Party				
Street Address 14 E. Gay St. Floor 2	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State	Zip Code	100915	Amount \$11,500.00
Columbus	ОН	43215		
Full Name of Contributor	-		Registration Number, if	PAC
Betsy Schuster				Form (Cash, Check, etc.
Street Address 4159 Belmont Place	Employer/Occupation/Labor Organization			Electronic Transfer
City	State	Zip Code	MDY	Amount
New Albany	OH_	43054	101215	
Full Name of Contributor Stanley B. Dritz			Registration Number, it	
Street Address	Employer/Occupation/Labor Organization		Form (Cash, Check, etc	
400 S. 5th St., Ste 303	Attorney			Check
City Columbus	State OH	Zip Code 43215	1 0 1 3 1	

Page Total \$12,696.80

^{*}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)]