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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Glaeden for Judge					-		Marcon	
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Sonni Peterson		M	·	· · · · · · · · · · · · · · · · · · ·		****		
Street Address		Description of Item or Service			Y	Fair Market Value		
7300 Penneyroyal Place	Foo	Food/Beverages		1 8	0 9)	137.50	
City	State	Zip Code	Received	d at Fund	raising E	ivent?		
Dublin	$O \mid H$	43017		YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if P.	AC		
Gregory Peterson								
Street Address	Description of It	Description of Item or Service			Y	Fair Market Value		
7300 Penneyroyal Place	Foo	Food/Beverages			0 9)	137.50	
City	State	Zip Code		d at Fund				
Columbus	OIH	43206		YES		No		
Full Name of Contributor	manamana da da mada manamana da cara manamana manamana manamana manamana manamana	pation, Labor Organization *		tion Num	ber, if P.	AC		
Kegler, Brown, Hill & Ritter PAC	' ' '	. ,				CP648		
Street Address	Description of It	em or Service	M D Y Fair Market Value					
65 East State Street, Suite 1800				1 9		3	66.12	
City	State	Food/Beverages State Zip Code			raising E		00.12	
Columbus	O H	43215	Receive	YES	aising L	√NO		
Full Name of Contributor		pation, Labor Organization *	7		t : C D			
	Employer, Occu	pation, Labor Organization	Registra	tion Num	ber, if P.	AC		
Stephen J. Smith		<u> </u>	M	D	T 37	In the second		
		Description of Item or Service			Y	Fair Market Value		
250 West Street		tation printing	0 7	0 7	0 9	1	100.00	
City	State	Zip Code	Receive	d at Fund	raising E			
Columbus	$O \mid H$	43215		YES		МО		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if P.	AC		
						I		
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	:	
						<u></u>		
City	State	Zip Code	Receive	d at Fund	raising E			
				YES	dayle for forman and an	∐ио		
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	;	
City	State	Zip Code	Receive	d at Fund	raising E	Event?		
				YES NO				
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if P.	AC		
			İ					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	;	
City	State	Zip Code	Receive	d at Fund	raising E	Event?		
		1		YES		Пио		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
		F,	18					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	·	
0.000 / 1.000	Description of Roll of Bol vice		M	lí		I an iviairet value	•	
City	State	Zip Code	Penairia	d at Fund	raigina T	Event?		
City	State	Lap code	INCOCTAG	YES	raionig E			
	1	1		car _l		NO		

^{*} 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)]