

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Glaeden for Judge				
Full Name of Contributor Sonni Peterson		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 7300 Penneyroyal Place		Description of Item or Service Food/Beverages		M D Y Fair Market Value 0 9 1 8 0 9 137.50
City Dublin		State O H	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Gregory Peterson		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 7300 Penneyroyal Place		Description of Item or Service Food/Beverages		M D Y Fair Market Value 0 9 1 8 0 9 137.50
City Columbus		State O H	Zip Code 43206	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Kegler, Brown, Hill & Ritter PAC		Employer, Occupation, Labor Organization *		Registration Number, if PAC CP648
Street Address 65 East State Street, Suite 1800		Description of Item or Service Food/Beverages		M D Y Fair Market Value 0 8 1 9 0 9 66.12
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Stephen J. Smith		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 250 West Street		Description of Item or Service Invitation printing		M D Y Fair Market Value 0 7 0 7 0 9 100.00
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]