

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Glaeden for Judge						Registration Number, if PAC					
Full Name of Contributor FOP Political Education Fund						Form (Cash, Check, etc.) Check					
Street Address 6800 Schrock Hill Ct.			Employer/Occupation/Labor Organization*			M D Y 0 9 2 8 1 5			Amount \$1,000.00		
City Columbus			State OH			Zip Code 43229					
Full Name of Contributor Gene Warman						Registration Number, if PAC					
Street Address 1320 Marilyn Dr.						Form (Cash, Check, etc.) Check					
City Columbus			State OH			Zip Code 43220			M D Y 0 9 3 0 1 5 Amount \$50.00		
Full Name of Contributor Maguire & Schneider, LLP						Registration Number, if PAC					
Street Address 1650 Lake Shore Dr., Suite 150						Form (Cash, Check, etc.) Check					
City Columbus			State OH			Zip Code 43204			M D Y 0 9 3 0 1 5 Amount \$500.00		
Full Name of Contributor Franklin County Republican Party						Registration Number, if PAC					
Street Address 14 E. Gay St., Floor 2						Form (Cash, Check, etc.) Check					
City Columbus			State OH			Zip Code 43215			M D Y 0 9 3 0 1 5 Amount \$4,000.00		
Full Name of Contributor Calfee Fund for Good Government						Registration Number, if PAC					
Street Address 800 Superior Ave. E. Suite 1400						Form (Cash, Check, etc.) Check					
City Cleveland			State OH			Zip Code 44114			M D Y 1 0 0 5 1 5 Amount \$500.00		
Full Name of Contributor M. Jameson Crane						Registration Number, if PAC					
Street Address 2289 Onandaga Dr.						Form (Cash, Check, etc.) Check					
City Columbus			State OH			Zip Code 43221			M D Y 1 0 0 5 1 5 Amount \$100.00		
Full Name of Contributor Committee for Judge Pollitt						Registration Number, if PAC					
Street Address 865 Macon Alley						Form (Cash, Check, etc.) Check					
City Columbus			State OH			Zip Code 43206			M D Y 1 0 0 2 1 5 Amount \$600.00		
Full Name of Contributor Committee for Jim Hughes						Registration Number, if PAC					
Street Address 52 E. Gay St.						Form (Cash, Check, etc.) Check					
City Columbus			State OH			Zip Code 43215			M D Y 1 0 0 2 1 5 Amount \$250.00		

* 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)]