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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

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

<sup>\*</sup> 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)]