Page	2
0.	

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full	10000000000000000000000000000000000000	eginniyakean giyasiyen				torsesson and the second				
Glaeden for Judge Full Name of Contributor Registration Number, if PAC										
Vorys Sater Seymour and Pease LLP Advocates for Effective Gov't					OH108					
Street Address	Employer/Occupation/Labor Organization				1100		Form (Cash, Ch	ieck. etc.)		
52 E. Gay Street, P.O. Box 1008	Simple year Occupation Labor Organization						Check			
City	Star	te	Zip Code	М	D	Y	Amount			
Columbus	0	H	43215	10	1 6	0 9		2,000.00		
Full Name of Contributor	iC	<u> </u>								
Daniel G. Hilson										
Street Address	Employer/Occupation/Labor Organization				erindra etionida estat (es a formatida e		Form (Cash, Check, etc.)			
196 S. Grant Street, Suite 601							Check			
City	Stat		Zip Code	М	D	Y	Amount			
Columbus	0	Н	43215	1 1	1 7	0 9		200.00		
Full Name of Contributor Registration Number, if PAC										
Melissa R. Hoeffel										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
1443 Cliff Court							Check			
City	Stat		Zip Code	M	D	Y	Amount	100.00		
Columbus	0	Η	43204	$1 \mid 1$	17	Charles Control Control Control		100.00		
Full Name of Contributor				Registra	uion Nun	ber, if PA	ıc			
Roetzel & Andress Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)										
222 South Main Street	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.) Check			
City	Stat	te.	Zip Code	М	D	ΤΥ	Amount			
Akron	O	Н	44308	$\begin{vmatrix} \ddot{1} \\ 1 \end{vmatrix}$ 1	1 .		, mount	500.00		
Full Name of Contributor		T.T.	11000				.C	000.00		
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization				***************************************		Form (Cash, Check, etc.)			
City	Stat	te	Zip Code	М	D	Y	Amount			
						1				
Full Name of Contributor Registration Number, if PA										
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
						· ·				
City	Stat	te	Zip Code	M	D	Y	Amount			
Full Name of Contributor Registration Number, if Pa							vC			
Street Address	treet Address Employer/Occupation/Labor Organization						Form (Cash, Ch	ieck, etc.)		
0.7	Stat		7:- Codo	1 1/	In	1 1/	A			
City	Stat	æ	Zip Code	M	D	Y	Amount			
Full Name of Contributor Registration Number, if PA								······································		
i di Pane di Commune, il i AC										
Street Address Employer/Occupation/Labor Organization						Form (Cash, Check, etc.				
2							(
City	Stat	te	Zip Code	M	D	Y	Amount			
•										
	L						<u> </u>			

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)

Page Total \$ 2,800.00