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Statement of Contributions Received

Form 31-4

ORC 3517.10

Full Name of Committee					
FRIENDS OF JANE FOX					
Full Name of Contributor				Registration Number, if PAC	
PLEASE SEE ATTACHED DETAIL OF CONT	RIBUTIONS				ì
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD	2000	Amount
	OH		Date (111112 - 2	<i></i> ,	, 4.1-4.1-
Full Name of Contributor				Registration N	lumber, if PAC
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	omm)	Amount
Full Name of Contributor				Registration N	lumber, if PAC
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration I	Number, if PAC
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	Date (MM/DD/YYYY) Amount	

*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)]

Page Total	\$1,950.00
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