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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full		opprocessor and the supplication and the state of the supplication		amboozuzonikkomenen		
Glaeden for Judge			Registrati			
Full Name of Contributor		C				
Javitch, Block & Rathbone						
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
1100 Superior Avenue, 19th Floor						Check
City	State	Zip Code	M	D	Y	Amount
Cleveland	O H	44114	1 0	0 9	0 9	50.00
Full Name of Contributor			Registrat	ion Numb	er, if PA	С
Contributions from Form No. 31-E					delining to the second second	
Street Address	Employer/Occu	I			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
				1 1	0 9	3,850.00
Full Name of Contributor			Registrat	ion Numb	er, if PA	С
Contributions from Form No. 31-E						
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
			0 7	0 7	0 9	6,600.00
Full Name of Contributor				tion Numb	эег, if PA	.C
Contributions from Form No. 31-E						
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
birect Address						
City	State	Zip Code	М	D	Y	Amount
City			0 9	1 8	0 9	2,050.00
				tion Num		A CONTRACTOR OF THE PROPERTY O
Full Name of Contributor					,	
0	Employer/Occi				Form (Cash, Check, etc.)	
Street Address	Zinpioj di / Codi	.putton 24001 OIgmoon				
;	State	Zip Code	М	D	Y	Amount
City	State	Zip Code	"			
			Registra	tion Num	her if PA	1
Full Name of Contributor			Kegistia	HOII IVHIII	.001, 11 1 7	.0
	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
Street Address	Employer/Occi	ipation/Labor Organization				if Offit (Cash, Check, ctc.)
		15: 0 1	7.7	T 5 :	Y	Amount
City	State	Zip Code	M	D ,	1	Allount
Full Name of Contributor			Kegistra	ition Num	iber, it Pa	AC .
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
					· · · · · · · · · · · · · · · · · · ·	
City	State	Zip Code	М	D	Y	Amount
de constante						
Full Name of Contributor			Registra	ation Nur	iber, if P	AC
				and the second s		
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
No.						
City	State	Zip Code	М	D	Y	Amount
						THE STATE OF THE S
	I I I I I I I I I I I I I I I I I I I	contributor is self-employed or	cupation rath	er than en	nlover s	hould be listed

* 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 \$ 12,550.00