Page	2	
		-

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Glaeden for Judge							
Full Name of Contributor			Degistra	tion Num	ber, if P∧	C	
			registre	tion i van	oci, ii i / i		
Woody Fox	E-mlayar/Osay	notion/Labor Organization				Form (Cash, Check, etc.)	
Street Address	Employer/Occu	pation/Labor Organization					
209 S. High Street, Suite 303		Tation	134	Т Б	Lv	Check	
City	State	Zip Code	M	D	Y	Amount 250.00	
Columbus	OH	43215	1 1	1 4			
Full Name of Contributor Registration Number, if PAC							
Porter, Wright, Morris & Arthur LLP							
Street Address	Employer/Occup	pation/Labor Organization				Form (Cash, Check, etc.)	
41 S. High Street		111116				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	1 1	1 7	0 5	250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	ber, if PA	C	
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treet Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
Succe Address	Employer, occu,	panton 2400 - 0 - B				(
C'-	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	101	"	1	Amount	
			D 1.	1 2	l CDA		
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
		18.11					
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization Form (Cash, Check, etc.)						
	ĺ						
City	State	Zip Code	М	D	Y	Amount	
						İ	
Full Name of Contributor			Registra	tion Num	ber, if PA	C.	
Street Address	Employer/Occu	pation/Labor Organization		-		Form (Cash, Check, etc.)	
Succe Address Employer occupation East of States			,,				
City	State	Zip Code	М	D	ΙΥ	Amount	
City City	i	Lip code	"	1	Li	,,	
Tall Name of Contributor			Pagistro	tion Nun	her if DA	<u>. </u>	
Full Name of Contributor Registration Number, if PAC							
				Francisco (Carlo Charles)			
Street Address Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
* Demind for a set business of 100 to state with and opposed of		ntributor is salf amployed, one		_ 4L	_1L	and dha Barad	

* 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 \$ ______500.00