

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge							
Full Name of Contributor Woody Fox					Registration Number, if PAC		
Street Address 209 S. High Street, Suite 303		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 4	Y 0 5	Amount 250.00	
Full Name of Contributor Porter, Wright, Morris & Arthur LLP					Registration Number, if PAC		
Street Address 41 S. High Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 7	Y 0 5	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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