Page Z

Page Total \$ 8,985.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

		**********				NAMES AND POST OF THE PARTY OF				
Name of Committee in Full										
Glaeden for Judge		************			***************************************					
Full Name of Contributor					Registration Number, if PAC					
Matthew A. Eldridge *					-					
Street Address	Employer/C	ation/Labor Organization	į			Form (Cash, C	Check, etc.)			
233 S. High Street, Suite 300	Attor						Check			
City	State		Zip Code	М	D	Y	Amount			
Columbus	0	Н	43215	0 3	2 5	0 9		50.00		
Full Name of Contributor				Registra	ition Nurr	iber, if PA	С			
The Law Office of Jay G. Perez, LLC										
Street Address	Employer/C	tion/Labor Organization	i '			Form (Cash, C	Check, etc.)			
6797 N. High Street, Suite 105						Check				
City	State		Zip Code	М	D	Y	Amount			
Worthington	0	H	43085	0 3	2 5	0 9		500.00		
Full Name of Contributor		Registration Number, if PAC								
Political Education Patterns			LA782							
Street Address	Employer/C	Ссира	tion/Labor Organization				Form (Cash, C	Check, etc.)		
3515 Prospect Avenue						_	Check			
City	State		Zip Code	М	D	Y	Amount			
Cleveland		H	44115	0 3	2 5	0 9		200.00		
Full Name of Contributor		- Limitu Galica		Registra	tion Nur	ber, if PA	С			
Toure McCord *				I						
Street Address	Employer/C		Form (Cash, Check, etc.)							
844 S. Front Street	Attor	r				Cash				
City	State		Zip Code	М	D	Y	Amount			
Columbus	0	Н	43206	0 3	2 5	0 9		100.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	С			
Brandi Garcia										
Street Address	Employer/C	tion/Labor Organization				Form (Cash, C	Check, etc.)			
844 S. Front Street							Cash			
City	State		Zip Code	M	D	Y	Amount			
Columbus	0	Н	43206	0 3	2 5	0 9		100.00		
Full Name of Contributor		Annual College		mana (haran manarida manara	A STATE OF THE PARTY OF THE PAR	ber, if PA	С			
Gary E. Moore										
Street Address	Employer/C	tion/Labor Organization				Form (Cash, C	heck, etc.)			
818 North Eastwood Avenue						Cash				
City	State		Zip Code	M	D	Y	Amount	***************************************		
Lancaster	0	H	43130	0 3	2 5	0 9		50.00		
Full Name of Contributor						ber, if PA				
Contributions from Form No. 31-E										
Street Address	Employer/C	ссира	tion/Labor Organization				Form (Cash, C	Check, etc.)		
City	State		Zip Code	M	D	Y	Amount			
				0 1	2 8	0 9		3,700.00		
Full Name of Contributor				and an analysis and	The state of the s	ber, if PA	C			
Contributions from Form No. 31-E										
Street Address	Employer/C	tion/Labor Organization				Form (Cash, C	Check, etc.)			
		•	<u> </u>				(=====			
City	State		Zip Code	M	D	Y	Amount			
•				0 3	0 5	0 9		4,285.00		
* Required for contributions over \$100 to statewide and general assemble	ly candidates	f cont	ributor is self-employed occur	and the second second second		and the second second second	ould be listed	1,400.00		
If the an more applicable applicable to the same wife and general assembly					0111		10			

^{*} 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)

^{*} Franklin County Court Appointee