Statement of Contributions Received

Prescribed by Secretary of State 03/05

FRIÊNDS OF JANE FOX					
PLEASE SEE ATTACHED [Registration Number, if	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check	
City	Stale OH	Zip Code	M D Y	Amouni	
Full Name of Contributor			Registration Number, if	PAC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor	Name of Contributor			PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if	PAC	
Street Address	Employer/Occu	spation/Labor Organization*		Form (Cash, Check	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if	PAC	
Street Address	Employer/Occu	upation/Labor Organization*	··· <u> </u>	Form (Cash, Check	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor	ne of Contributor			Registration Number, if PAC	
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Checi	
City	Stale OH	Zip Code	M D Y	Amount	
Name of Contributor			Registration Number, it	PAC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization		Form (Cash, Checl	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, i	f PAC	
Street Address	Employer/Occ	upation/Labor Organization		Form (Cash, Checl	
City	State OH	Zip Code	M D Y	Amount	

Page Total \$4,695.

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name 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 organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]