

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge					
Full Name Spellman Outdoor Advertising			Registration Number, if PAC		
Address PO Box 1594	Type* R E		M 0	D 7	Y 2 0 1 5
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check		
Amount 4,000.00					
Full Name					
Address			Registration Number, if PAC		
Type*			M	D	Y
City			Form(Cash,Check,etc)		
State			Amount		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type*			M	D	Y
City			Form(Cash,Check,etc)		
State			Amount		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type*			M	D	Y
City			Form(Cash,Check,etc)		
State			Amount		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type*			M	D	Y
City			Form(Cash,Check,etc)		
State			Amount		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type*			M	D	Y
City			Form(Cash,Check,etc)		
State			Amount		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type*			M	D	Y
City			Form(Cash,Check,etc)		
State			Amount		
Zip Code					
Full Name					
Address			Registration Number, if PAC		
Type*			M	D	Y
City			Form(Cash,Check,etc)		
State			Amount		
Zip Code					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 4,000.00