appear. R.C. 3517.10(B)(4)

Page	2	
rage	Ζ,	

Page Total \$

80.00

## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full		-						
Glaeden for Judge								
Full Name of Contributor			Registratio	on Numl	ber, if PA	С		
Stephen Hess								
Street Address	Employer/Oc	cupation/Labor Organizat	ion			Form (Cash, Che	ck, etc.)	
5149 Chaffinch Ct.						Check		
City	State	Zip Code	M	D	Y	Amount		
Dublin	O   I	H   43017	1   2	1   1	0 9	•	50.00	
Full Name of Contributor			Registratio	on Numl	ber, if PA	С		
Marinakis Law Office								
Street Address	Employer/Oc	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
673 Mohawk Street						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O   I	H 43206	12	$1 \mid 1$	0 9		30.00	
Full Name of Contributor	-		Registratio	on Numl	ber, if PA	С		
Street Address	Employer/Oc	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
0.	Sant	[g:_C-1-	М		Y	A		
City	State	Zip Code	1 101	D 	] ',	Amount		
E UN CO T			Registratio	- N	har if DA	<u></u> _		
Full Name of Contributor			Kegistratti	an Num	DCI, II FA	.C		
Street Address	tion			Form (Cash, Ch	eck, etc.)			
Salest ridules.		cupation/Labor Organiza					,	
City	State	State Zip Code		D	Y	Amount	• • • • • • • • • • • • • • • • • • • •	
•								
Full Name of Contributor		·	Registrati	on Num	ber, if PA	C		
Street Address	Employer/Oc	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
						_		
Full Name of Contributor	<u> </u>		Registrati	on Num	ber, if PA	ıC		
						1		
Street Address	Employer/O	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
C'A	Ctata	Zip Code	М	D	Y	Amount		
City	State	Zip Code	IVI	ا		Athount		
Full Name of Contributor			Registrati	on Nium	her if PA	VC		
Pull Name of Contributor			Registrati	OII Nuiti	ioei, ii i z	ic.		
Street Address Employer/Occupation/Labor Organization						Form (Cash, Ch	eck, etc.)	
							,	
City	State	Zip Code	М	D	Y	Amount		
	\ \		1 1	}	1			
Full Name of Contributor	<u>',,,,</u>		Registrati	on Num	iber, if PA	\C		
Street Address	Employer/O	ccupation/Labor Organiza	tion			Fonn (Cash, Ch	eck, etc.)	
City	State	Zip Code	М	D	Y	Amount		
1		]	1 1 1					
* Required for contributions over \$100 to statewide and ge	neral assembly candidates. I	f contributor is self-emplo	yed, occupation rather	than em	ployer sh	ould 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