Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Glaeden for Judge								

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

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

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Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

* 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___