

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard							
Full Name of Contributor Cheryl J. Parker					Registration Number, if PAC		
Street Address 6233 Windbrook Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 9	D 0 1	Y 0 5	Amount 50.00	
Full Name of Contributor John J. McConnell, Jr.					Registration Number, if PAC		
Street Address 750 Elmgrove Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Providence	State R I	Zip Code 02906	M 0 9	D 0 1	Y 0 5	Amount 500.00	
Full Name of Contributor Sara Shea McConnell					Registration Number, if PAC		
Street Address 750 Elmgrove Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Providence	State R I	Zip Code 02906	M 0 9	D 0 1	Y 0 5	Amount 500.00	
Full Name of Contributor Mary J. McConnell					Registration Number, if PAC		
Street Address 166 Imperial Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Warwick	State R I	Zip Code 02886	M 0 9	D 0 1	Y 0 5	Amount 500.00	
Full Name of Contributor Myrth York					Registration Number, if PAC		
Street Address 48 Lloyd Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Providence	State R I	Zip Code 02906	M 0 9	D 0 1	Y 0 5	Amount 500.00	
Full Name of Contributor Robert J. McConnell					Registration Number, if PAC		
Street Address 25 Weymouth Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Providence	State R I	Zip Code 02906	M 0 9	D 0 5	Y 0 5	Amount 500.00	
Full Name of Contributor Donna M. Benoit					Registration Number, if PAC		
Street Address 25 Weymouth Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Providence	State R I	Zip Code 02906	M 0 9	D 0 5	Y 0 5	Amount 500.00	
Full Name of Contributor Michael David Winston					Registration Number, if PAC		
Street Address 75 N. Ohio Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43203	M 0 8	D 2 0	Y 0 5	Amount 100.00	

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

Page Total \$ 3,150.00