

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 Deidre Crockett						Registration Number, if PAC			
Street Address 1565 Taylor Corners Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick	State O	H H	Zip Code 43004	M 1	D 1	Y 2	Amount 100.00		
Full Name of Contributor Candice J. Forman						Registration Number, if PAC			
Street Address 7949 Tipperary Ct. North			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O	H H	Zip Code 43017	M 1	D 2	Y 1	Amount 100.00		
Full Name of Contributor Anthony O. Mancuso						Registration Number, if PAC			
Street Address 135 N. Hamilton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 2	Y 0	Amount 50.00		
Full Name of Contributor Jeremy Dadgian						Registration Number, if PAC			
Street Address 1188 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43206	M 0	D 2	Y 0	Amount 100.00		
Full Name of Contributor Anthony O. Mancuso						Registration Number, if PAC			
Street Address 135 N. Hamilton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 2	Y 0	Amount 100.00		
Full Name of Contributor Scott Wilson Schiff						Registration Number, if PAC			
Street Address 503 S. Front St. Ste #205			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 2	Y 2	Amount 100.00		
Full Name of Contributor John F. Hilt						Registration Number, if PAC			
Street Address 3793 Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City	State O	H H	Zip Code 43123	M 0	D 2	Y 2	Amount 100.00		
Full Name of Contributor Contributions From Form No. 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount 1,400.00		

* 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 \$ 2,050.00