3	1.	-A	
R	C	3517	10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee To Elect Judge Maynard	l					
Full Name of Contributor	Registrat	Registration Number, if PAC				
Total Contribution at Social/Fundra	l Contribution at Social/Fundraising Event					
Street Address	Employer/Occup	pation/Labor Organization*	F			Form (Cash, Check, etc.)
City	State	Zip Code	M 0 9	D 0 8	9 0 5	Amount 385.00
Full Name of Contributor Total Contribution at Social/Fundra	aising Event	•			ber, if PA	C
Street Address	Employer/Occu	nployer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	м 0 9	D 0 9	9 0 5	Amount 1,160.00
Full Name of Contributor Total Contribution at Social/Fundra	aising Event				ber, if PA	
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Check, etc.)
City	State	Zip Code	м 0 9	D 2 2	$\begin{bmatrix} \mathbf{Y} \\ 0 \mid 5 \end{bmatrix}$	Amount 635.00
Full Name of Contributor					ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount 0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	Ċ
Street Address	Employer/Occu	ipation/Labor Organization*	Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount 0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C.
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
Street Address	Employer/Occu	pation/Labor Organization*	ation* Form (Cash, Check			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount 0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D 	Y	Amount 0.00
equired for contributions from individuals over \$100 to statewide and	general assembly cand	idates. If contributor is self-emp	loved, the occ	upation a	nd the nar	

* 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 \$ 2,180.00