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1 050	<u> </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Committee To Elect Judge Maynard				Registration Number, if PAC						
Full Name of Contributor				registrat	gistration Number, if PAC					
Vicki H. Potts	Tr. 1 /	<u> </u>	·	<u> </u>			Form (Coals Cha	ode oto)		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
5770 Middleby Drive			Tail A. I		T 5	1 17	Check			
City	Stat		Zip Code	M	D	Y	Amount	150.00		
Hilliard	0	H	43026	1 0	1 3	0 5		150.00		
Full Name of Contributor Registration Number, if PAC										
Carrie E. Glaeden										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
5162 Highland Meadows Drive							Check			
City	Stat	e	Zip Code	М	D	Y	Amount			
Hilliard	$\mid \circ \mid$	Η	43226	110	1 6	0 5		100.00		
Full Name of Contributor	<u> </u>		•	Registrat	tion Num	ber, if PA	C			
Total Contribution at Social/Fundraising Event										
Street Address			tion/Labor Organization*	-			Form (Cash, Check, etc.)			
outer reaction	' '	Ü								
City	Stat	e	Zip Code	M	D	Y	Amount			
City	1	_		0 3	2 4	0 5	B	4,050.00		
E-HAL								1,000.00		
Full Name of Contributor Registration Number, if PAC										
Total Contribution at Social/Fundraisi			tion/Labor Organization*				Form (Cash, Che	eck etc.)		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			ck, cic.)		
			In: a .	1	-	1 37	A			
City	Stat	te	Zip Code	M	D	Y	Amount	0.405.00		
				0 3	2 9			2,425.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	С			
Total Contribution at Social/Fundraising Event										
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)			
City	Stat	te	Zip Code	M	D	Y	Amount			
				0 8	0 9	0 5		355.00		
Full Name of Contributor	<u> </u>		<u> </u>			ber, if PA	С			
Total Contribution at Social/Fundraising Event										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
		_	_				1			
City	Stat	te	Zip Code	М	D	Y	Amount			
CRY	1			0 8	1 2	0 5		1,085.00		
Full Name of Contributor	L		<u> </u>			ber, if PA		1,000.00		
	na Erra			registra			.0			
Total Contribution at Social/Fundraising Event Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)										
Street Address	Employer/Occupation/Labor Organization*							car, ca.)		
	ļ		T=: 2 2	1 5.6		1 37	ļ			
City	Star	te	Zip Code	M	D	Y	Amount	2 000 00		
				0 8				2,800.00		
Full Name of Contributor Registration Number, if PAC										
Total Contribution at Social/Fundraising Event										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)			
City	Sta	te	Zip Code	М	D	Y	Amount			
				018	2 7	0 5	1	450.00		

* 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 \$ 11,415.00