

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 Vicki H. Potts						Registration Number, if PAC							
Street Address 5770 Middleby Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43026		M 1 0		D 1 3		Y 0 5		Amount 150.00	
Full Name of Contributor Carrie E. Glaeden						Registration Number, if PAC							
Street Address 5162 Highland Meadows Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hilliard		State O H		Zip Code 43226		M 1 0		D 1 6		Y 0 5		Amount 100.00	
Full Name of Contributor Total Contribution at Social/Fundraising Event						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M 0 3		D 2 4		Y 0 5		Amount 4,050.00	
Full Name of Contributor Total Contribution at Social/Fundraising Event						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M 0 3		D 2 9		Y 0 5		Amount 2,425.00	
Full Name of Contributor Total Contribution at Social/Fundraising Event						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M 0 8		D 0 9		Y 0 5		Amount 355.00	
Full Name of Contributor Total Contribution at Social/Fundraising Event						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M 0 8		D 1 2		Y 0 5		Amount 1,085.00	
Full Name of Contributor Total Contribution at Social/Fundraising Event						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M 0 8		D 1 7		Y 0 5		Amount 2,800.00	
Full Name of Contributor Total Contribution at Social/Fundraising Event						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M 0 8		D 2 7		Y 0 5		Amount 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**