Statement of Contributions Received

Page 2____

Prescribed by Secretary of State 03/05

| Name of Committee in Full | = 1 | | | ****** |
|-------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|---------------------------|--------------------------------|
| Committee To Re-Elect Judge N | laynard | | <u> </u> | |
| Full Name of Contributor Samuel H Shamansky | | | Registration Number, if I | PAC |
| Street Address 511 S High Street | Employer/Occu | upation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43215 | 0 4 2 6 1 1 | Amount \$1,000.00 |
| Full Name of Contributor Matan, Wright & Noble | | : | Registration Number, if I | PAC |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 261 S Front Street | | i | | Check |
| City Columbus | State OH | Zip Code 43215 | 0 6 0 7 1 1 | Amount \$75.00 |
| Full Name of Contributor Jeffrey A Berndt | | | Registration Number, if F | AC. |
| Street Address 575 S High Street | Employer/Occu | apation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43215 | 0 6 0 7 1 1 | Amount \$250.00 |
| Full Name of Contributor Celestine Maynard | | | Registration Number, if F | 'AC |
| Street Address 3701 Mayfield Rd #101 | Employer/Occu | ipation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Cleveland Heights | State OH | Zip Code 44121 | 0 6 0 7 1 1 | Amount \$250.00 |
| Full Name of Contributor Christopher T Cicero | | | Registration Number, if F | AC . |
| Street Address 1308 W Mound Street | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43223 | 0 6 0 7 1 1 | Amount \$250.00 |
| Full Name of Contributor Crabbe, Brown & James | | : | Registration Number, if P | AC |
| Street Address 500 S Front Street | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43215 | 0 6 0 9 1 1 | Amount \$1,000.00 |
| Full Name of Contributor Maguire and Schneider LLP | | | Registration Number, if P | AC |
| Street Address 250 Civic Center Dr Suite 500 | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43215 | 0 6 1 4 1 1 | Amount \$100.00 |
| Full Name of Contributor Wiles, Boyle, Burkholder, Bringard | Iner Co LPA | : | Registration Number, if P | AC |
| Street Address 300 Spruce Street | 1 | Employer/Occupation/Labor Organization* Local PAC | | |
| City Columbus | State OH | Zip Code 43215 | 0 6 2 3 1 1 | Amount \$1,000.00 |

Page Total \$3,925.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]