

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 Perez & Morris LLC						Registration Number, if PAC			
Street Address 8000 Ravine's Edge Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1	D 1	Y 0	Y 3	Y 0	Y 5	Amount 2,000.00
Full Name of Contributor Mary Ann Schmidt						Registration Number, if PAC			
Street Address 2816 Haggett Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Twinsburg	State O H	Zip Code 44087-2940	M 1	D 1	Y 0	Y 3	Y 0	Y 5	Amount 50.00
Full Name of Contributor James D. Viets						Registration Number, if PAC			
Street Address 620 E. Broad Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 100.00
Full Name of Contributor Jeffrey G. Thompson						Registration Number, if PAC			
Street Address 601 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 100.00
Full Name of Contributor Edward Clark Corley						Registration Number, if PAC			
Street Address 179 Fenley Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214-1407	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 50.00
Full Name of Contributor Benjamin F. Holland						Registration Number, if PAC			
Street Address 183 Trails End			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 1	Y 0	Y 5	Y 0	Y 5	Amount 50.00
Full Name of Contributor James P. Connors						Registration Number, if PAC			
Street Address 281 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 1	Y 0	Y 0	Y 5	Amount 50.00
Full Name of Contributor Godfrey Ibom						Registration Number, if PAC			
Street Address 4933 Dunlap Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 1	D 1	Y 1	Y 0	Y 0	Y 5	Amount 50.00

* 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 \$ 2,450.00