

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | | | |
|---|--|--------------------|---|--|---------------|--|---------------|---------------|---------------|---------------|---------------------------|
| Name of Committee in Full Committee To Re-Elect Judge Maynard | | | | | | | | | | | |
| Full Name of Contributor Steven Dritz | | | | | | Registration Number, if PAC | | | | | |
| Street Address 5174 Forest Run Drive | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) On Line Pay Pal | | | | | |
| City Dublin | | State OH | Zip Code 43017 | | M 0 | D 9 | Y 2 | Y 7 | Y 1 | Y 1 | Amount \$75.00 |
| Full Name of Contributor James L Davidson Jr | | | | | | Registration Number, if PAC | | | | | |
| Street Address 6183 Blaverly Dr | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) On Line Pay Pal | | | | | |
| City New Albany | | State OH | Zip Code 43054 | | M 1 | D 0 | Y 0 | Y 1 | Y 1 | Y 1 | Amount \$100.00 |
| Full Name of Contributor Artz Dewhirst Wheeler LLP | | | | | | Registration Number, if PAC | | | | | |
| Street Address 560 E Town St | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) On Line Pay Pal | | | | | |
| City Columbus | | State OH | Zip Code 43215 | | M 1 | D 0 | Y 1 | Y 3 | Y 1 | Y 1 | Amount \$100.00 |
| Full Name of Contributor Troy Small | | | | | | Registration Number, if PAC | | | | | |
| Street Address 2471 Alum Crossing Drive | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) On Line Pay Pal | | | | | |
| City Lewis Center | | State OH | Zip Code 43035 | | M 1 | D 0 | Y 1 | Y 7 | Y 1 | Y 1 | Amount \$100.00 |
| Full Name of Contributor Matthew Damschroder | | | | | | Registration Number, if PAC | | | | | |
| Street Address 2598 Ruhl Ave | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) On Line Pay Pal | | | | | |
| City Columbus | | State OH | Zip Code 43209 | | M 1 | D 0 | Y 1 | Y 9 | Y 1 | Y 1 | Amount \$150.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Y | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Y | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Y | Y | Amount |

* 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)]