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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				Registra	tion Num	ber, if PA	c	
Karen A. Pettiford				ľ		,		
Street Address	Employer	/Occupat	tion/Labor Organization*	Ь			Form (Cash, Che	ck etc.)
	Employer	Ослара	HOID Eacon Organization				Check	uk, uu.j
7858 Burrwood Street	Star	4-	Zip Code	М	D	Y	Amount	
City	L	Н	43016		Ι.	I .	Amount	50.00
Dublin	0	11	43016		10	0 5 ber, if PA	<u> </u>	50.00
Full Name of Contributor				Registra	uon Num	der, ii PA	C	
J. Tuffin	Twu ,	10					F (G G	1
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
15694 SW 15th Street	<u> </u>		T	T			Check	
City	Sta	te	Zip Code	M	D	Y	Amount	=00.00
Pembroke Pines	F	L	33027	1 1	1 3			500.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Porter Wright, Morris & Arthur LLP								
Street Address	Employer.	tion/Labor Organization*				Form (Cash, Check, etc.)		
41 S. High Street							Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Columbus	01	Н	43215	1 1 1	1 3	0 5		250.00
Full Name of Contributor				Registra		ber, if PA	C	
James B. Popovich								
Street Address	Employer	/Occupa	tion/Labor Organization*		•		Form (Cash, Che	ck, etc.)
5823 Castleknock Rd							Check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Dublin	lot	Н	43016	1111	1 3	015	•	100.00
Full Name of Contributor			10010	-		ber, if PA	C	100.00
Samuel E. Smiley						,		
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	eck etc.)
	Limpioyu	/ Cooupu	SIGN DUCCE CI GA EIZMICH				Check	out, etc.,
10469 Concord	Sta	ta	Zip Code	М	D	ΙΥ	Amount	
	0	H	43017	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 1$	1		Amoun	100.00
Dublin Full Name of Contributor		11	43017				<u> </u>	100.00
				KcSizua	uon ivum	ber, if PA	C	
Artz & Dewhirst, LP	Tr1	/0					Farm (Carly Cha	-I4- X
	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	zck, etc.)
560 E. Town Street	C4-	4-	Zip Code	1 1/	I 5	T 37		
City	Sta	Н		M	D	Y	Amount	100.00
Columbus		11	43215	111	101			100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Contributions From Form 31-E	· •							
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
	<u> </u>							
City	Sta	te	Zip Code	M	D	Y	Amount	
				1 0	2 8	0 5		225.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Contributions From Form 31-E								
Street Address	Employer	tion/Labor Organization*				Form (Cash, Check, etc.)		
1	1							
City	Sta	te	Zip Code	М	a	Y	Amount	
			1	1110	12/4	0 5		2,525.00

* 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 \$ 3,850.00
