

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee To Elect Judge Maynard</b>									
Full Name of Contributor <b>Karen A. Pettiford</b>						Registration Number, if PAC			
Street Address <b>7858 Burrwood Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>		State <b>O   H</b>	Zip Code <b>43016</b>		M <b>1   1</b>	D <b>1   0</b>	Y <b>0   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>J. Tuffin</b>						Registration Number, if PAC			
Street Address <b>15694 SW 15th Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pembroke Pines</b>		State <b>F   L</b>	Zip Code <b>33027</b>		M <b>1   1</b>	D <b>1   3</b>	Y <b>0   5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Porter Wright, Morris &amp; Arthur LLP</b>						Registration Number, if PAC			
Street Address <b>41 S. High Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>		M <b>1   1</b>	D <b>1   3</b>	Y <b>0   5</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>James B. Popovich</b>						Registration Number, if PAC			
Street Address <b>5823 Castleknock Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>		State <b>O   H</b>	Zip Code <b>43016</b>		M <b>1   1</b>	D <b>1   3</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Samuel E. Smiley</b>						Registration Number, if PAC			
Street Address <b>10469 Concord</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>		State <b>O   H</b>	Zip Code <b>43017</b>		M <b>1   1</b>	D <b>1   3</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Artz &amp; Dewhirst, LP</b>						Registration Number, if PAC			
Street Address <b>560 E. Town Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>		M <b>1   1</b>	D <b>1   3</b>	Y <b>0   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Contributions From Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M <b>1   0</b>	D <b>2   8</b>	Y <b>0   5</b>	Amount <b>225.00</b>	
Full Name of Contributor <b>Contributions From Form 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M <b>1   0</b>	D <b>2   4</b>	Y <b>0   5</b>	Amount <b>2,525.00</b>	

\* 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