

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 Marie L. Stevens						Registration Number, if PAC			
Street Address 3476 Penfield Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43227	M 0	D 2	Y 0	Amount 250.00		
Full Name of Contributor Larry W. Thomas						Registration Number, if PAC			
Street Address 1058 Mt. Vernon Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43203	M 0	D 2	Y 0	Amount 250.00		
Full Name of Contributor Sabrina Thomas						Registration Number, if PAC			
Street Address 520 N. Nelson Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43219	M 0	D 2	Y 0	Amount 250.00		
Full Name of Contributor Anita L. Nious						Registration Number, if PAC			
Street Address 2567 Villa Savoie			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43219	M 0	D 2	Y 1	Amount 250.00		
Full Name of Contributor Sanford J. Cohan						Registration Number, if PAC			
Street Address 2500 Corporate Exchange Dr. Ste. 151			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43231	M 0	D 3	Y 2	Amount 100.00		
Full Name of Contributor Ruth Harper						Registration Number, if PAC			
Street Address 575 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 4	Y 0	Amount 50.00		
Full Name of Contributor Smith, Phillips & Assoc. Co. LPA / Janet Phillips						Registration Number, if PAC			
Street Address 6660 N. High Street, Suite 3F			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington	State O	H H	Zip Code 43085	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor Scott Wilson Schiff						Registration Number, if PAC			
Street Address 503 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 3	Y 1	Amount 350.00		

* 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 \$ 1,600.00