Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Re-Elect Judge Mayn	ard				
Full Name of Contributor Benjamin W. Hale Jr		· · · · · · · · · · · · · · · · · · ·	Registration Number, if	PAC	
Street Address 7504 Phelps Close	Employer/Occi	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	1 0 0 4 1 1	Amount \$100.00	
Full Name of Contributor Registration Number, if PAC					
The Behal Law Group LLC Street Address				E (0 0 1)	
501 S High St	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.) Check	
City	State	Zip Code	M D Y	Amount	
Columbus	ОН	43215	100411	\$200.00	
Full Name of Contributor Joel R Campbell Registration Number, if PAC					
Street Address 575 South Third Street	Employer/Occi	ipation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	OH.	Zip Code 43215	M D Y 1 1	Amount \$100.00	
Full Name of Contributor Schottenstein, Zox & Dunn	Registration Number, i Local Pac		PAC		
Street Address 250 West St	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Colunbus	State OH	Zip Code 43215	1 0 0 4 1 1	Amount \$500.00	
Full Name of Contributor Registration Number, if PAC Bradley For Ohio					
Street Address 260 Cassady Ave	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	1 0 1 1 1 1	Amount \$1,000.00	
Full Name of Contributor Helen Sprankel Registration Number, if PAC					
Street Address 847 E North Broadway St	Employer/Occi	apation/Labor Organization*	_	Form (Cash, Check, etc.) Check	
City columbus	State OH	Zip Code 43224	1 D D 7 1 1	Amount \$25.00	
Full Name of Contributor Registration Number, is Brenda James				PAC .	
Street Address 13240 Pickerington Rd	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M D Y	Amount \$50.00	
Full Name of Contributor Franklin County Republican Party			Registration Number, if	PAC	
Street Address 14 E. Gay St 2ND Floor	Employer/Occi	apation/Labor Organization*		Form (Cash, Check, etc.) Check	
Cily Columbus	State OH	Zip Code 43215	M D Y 1 0 1 8 1 1	Amount \$6,000.00	

Page Total \$7,975.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]