## **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 May	ynard			
Full Name of Contributor Jermaine D Covington	· · · · · · · · · · · · · · · · · · ·		Registration Number, if F	AC.
Street Address 7954 Brookpoint Place	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	1 1 D 1 1 1	Amount \$25.00
Full Name of Contributor R & P Investments 07/00			Registration Number, if F	AC
Street Address 268 Harding Rd	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	1 1 0 1 1 1	Amount \$150.00
Full Name of Contributor Juan Jose Perez			Registration Number, if PAC	
Street Address 8000 Ravine's Edge Court, Ste 300	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	1 1 0 1 1 1	Amount \$250.00
Full Name of Contributor  Vesta A H Daniel	Registration Number, if P	_		
Street Address 8161 Flint Rd	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	M D Y	Amount \$200.00
Full Name of Contributor Luftman, Heck and Associates LLP		· · · · · · · · · · · · · · · · · · ·	Registration Number, if P	AC AC
Street Address 580 East Rich Street	Employer/Occu	ipation/Labor Organization*	<b>*</b>	Form (Cash, Check, etc.) Check
City Columbus	State	Zip Code 43215	M D Y 1	Amount \$500.00
Full Name of Contributor Maguire and Schneider LLP	Registration Number, if PAC			
Street Address 250 Civic Center Drive Suite 500	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 1 0 1 1 1	Amount \$500.00
Full Name of Contributor Richard Letts			Registration Number, if P	AC
Street Address 6120 Nicholas Glen	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)  Cash
City Columbus	State OH	Zip Code 43213	M D Y	Amount \$100.00
Full Name of Contributor Woody Fox			Registration Number, if P.	AC
Street Address 233 N Bend Drive	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Pataskala, OH	State OH	Zip Code 43062	M D Y 1 1 0 8 1 1	Amount \$250.00

<sup>\*</sup> 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)]